

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes

AMENDED REPORT **DMV COPY**

19

1 Accident Date: Month, Day, Year; Day of Week; Military Time; No. of Vehicles; No. Injured; No. Killed; Not Investigated at Scene ; Left Scene ; Police Photos Yes No; Accident Reconstructed

20

2 VEHICLE 1: Driver License ID Number, State of Lic., Driver Name, Address, City/Town, State, Zip Code; VEHICLE 2: Driver License ID Number, State of Lic., Driver Name, Address, City/Town, State, Zip Code; VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

21

3 Date of Birth (Month, Day, Year), Sex, Unlicensed , No. of Occupants, Public Property Damaged ; Name-exactly as printed on registration; Address (Include Number & Street), Apt. No., Haz. Mat. Code, Released

22

23

4 City or Town, State, Zip Code; Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code

24

5 Ticket/Arrest Number(s), Violation Section(s)

25

6 VEHICLE DAMAGE CODING: Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. 1. Rear End, 2. Sideswipe (same direction), 3. Left Turn, 4. Right Angle, 5. Right Turn, 6. Right Turn, 7. Head On, 8. Sideswipe (opposite direction). 9. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No

26

27

28

7 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

Place Where Accident Occurred: County City Village Town of _____; Road on which accident occurred _____ (Route Number or Street Name); at 1) intersecting street _____ (Route Number or Street Name); or 2) _____ N S E W of _____ (Milepost, Nearest intersecting Route Number or Street Name)

29

Accident Description/Officer's Notes

30

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows: A, B, C, D, E, F.

Officer's Rank and Signature, Print Name in Full, Badge/ID No., NCIC No., Precinct/Post Troop/Zone, Station/Beat/Sector, Reviewing Officer, Date/Time Reviewed

USE COVER SHEET

N