

MV104AN

- PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
  2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection
- PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**
1. Crossing, With Signal
  2. Crossing, Against Signal
  3. Crossing, No Signal, Marked Crosswalk
  4. Crossing, No Signal or Crosswalk
  5. Riding/Walking/Skating Along Highway With Traffic
  6. Riding/Walking/Skating Along Highway Against Traffic
  7. Emerging from in Front of/Behind Parked Vehicle
  8. Going to/From Stopped School Bus
  9. Getting On/Off Vehicle Other Than School Bus
  11. Working in Roadway
  12. Playing in Roadway
  13. Other Actions in Roadway\*
  14. Not in Roadway (Indicate)\*
- TRAFFIC CONTROL**
- |                               |  |
|-------------------------------|--|
| 1. None                       | 10. RR Crossing Gates                      |
| 2. Traffic Signal             | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign                  | 12. Construction Work Area                 |
| 4. Flashing Light             | 13. Maintenance Work Area                  |
| 5. Yield Sign                 | 14. Utility Work Area                      |
| 6. Officer/Guard              | 15. Police/Fire Emergency                  |
| 7. No Passing Zone            | 16. School Zone                            |
| 8. RR Crossing Sign           | 20. Other *                                |
| 9. RR Crossing Flashing Light |  |

- LIGHT CONDITIONS**
1. Daylight
  2. Dawn
  3. Dusk
  4. Dark-Road Lighted
  5. Dark-Road Unlighted

- ROADWAY CHARACTER**
1. Straight and Level
  2. Straight and Grade
  3. Straight at Hillcrest
  4. Curve and Level
  5. Curve and Grade
  6. Curve at Hillcrest

- ROADWAY SURFACE CONDITION**
- |          |             |
|----------|-------------|
| 1. Dry   | 4. Snow/Ice |
| 2. Wet   | 5. Slush    |
| 3. Muddy | 6. Flooded  |
|          | 0. Other*   |

- WEATHER**
1. Clear
  2. Cloudy
  3. Rain
  4. Snow
  5. Sleet/Hail/Freezing Rain
  6. Fog/Smog/Smoke
  0. Other\*

- WHICH VEHICLE OCCUPIED**
- |                  |                              |                |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other*      |
| 2. Vehicle No. 2 | B. Bicyclist                 | P. Pedestrian  |
|                  | I. In-Line Skater            | S. Snowmobiler |

- POSITION IN/ON VEHICLE**
1. Driver
  - 2-7. Passengers
  8. Riding/Hanging on Outside

- SAFETY EQUIPMENT USED**
1. None
  2. Lap Belt
  3. Harness
  4. Lap Belt/Harness
  5. Child Restraint Only
  6. Helmet (Motorcycle Only)
  7. Air Bag Deployed
  8. Air Bag Deployed/Lap Belt
  9. Air Bag Deployed/Harness
  - A. Air Bag Deployed/Lap Belt/Harness
  - B. Air Bag Deployed/Child Restraint

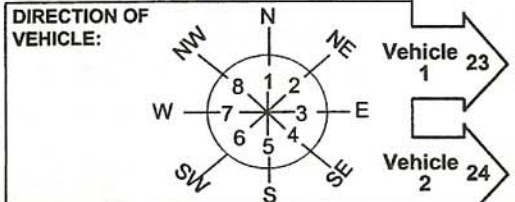
- In-Line Skater/Bicyclist**
- |                  |
|------------------|
| C. Helmet Only   |
| D. Helmet/Other  |
| E. Pads Only     |
| F. Stoppers Only |
| 0. Other*        |

- EJECTION FROM VEHICLE**
1. Not Ejected
  2. Partially Ejected
  3. Ejected

AGE SEX M/F

- APPARENT CONTRIBUTING FACTORS**
- Human**
2. Alcohol Involvement
  3. Backing Unsafely\*
  4. Driver Inattention/Distracted\*
  5. Driver Inexperience
  6. Drugs (Illegal)
  7. Failure to Yield Right-of-Way
  27. Failure to Keep Right
  21. Fatigued/Drowsy
  8. Fell Asleep
  9. Following Too Closely
  10. Illness
  11. Lost Consciousness
  12. Passenger Distraction
  13. Passing or Lane Usage Improper
  14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
  15. Physical Disability
  16. Prescription Medication
  17. Traffic Control Disregarded
  18. Turning Improperly
  19. Unsafe Speed
  20. Unsafe Lane Changing
  22. Cell Phone (hand-held)
  23. Cell Phone (hands-free)
  24. Other Electronic Device\*
  25. Outside Car Distraction\*
  26. Reaction to Other Uninvolved Vehicle
  28. Aggressive Driving/Road Rage
- Vehicle**
41. Accelerator Defective
  42. Brakes Defective
  43. Headlights Defective
  44. Other Lighting Defects
  45. Oversized Vehicle
  46. Steering Failure
  47. Tire Failure/Inadequate
  48. Tow Hitch Defective
  49. Windshield Inadequate
  50. Driverless/Runaway Vehicle
  60. Other Vehicular\*
- Environmental**
61. Animal's Action
  62. Glare
  63. Lane Marking Improper/Inadequate
  64. Obstruction/Debris
  65. Pavement Defective
  66. Pavement Slippery
  67. Shoulders Defective/Improper
  68. Traffic Control Device Improper/Non-Working
  69. View Obstructed/Limited

- Vehicle 19**
- Vehicle 20**
- Vehicle 21**
- Vehicle 22**
- Vehicle 23**
- Vehicle 24**



**New York State  
Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104AN (7/01)**

**\*EXPLAIN IN ACCIDENT DESCRIPTION**

If a question DOES NOT APPLY, enter a dash (-).

If an answer is UNKNOWN, enter an "X".

- PRE-ACCIDENT VEHICLE ACTION**
1. Going Straight Ahead
  2. Making Right Turn
  16. Making Right Turn on Red
  3. Making Left Turn
  17. Making Left Turn on Red
  4. Making U Turn
  5. Starting from Parking
  6. Starting in Traffic
  7. Slowing or Stopping
  8. Stopped in Traffic
  9. Entering Parked Position
  10. Parked
  11. Avoiding Object in Roadway
  12. Changing Lanes
  13. Passing
  14. Merging
  15. Backing
  18. Police Pursuit
  20. Other\*
- LOCATION OF FIRST EVENT**
1. On Roadway
  2. Off Roadway

- TYPE OF ACCIDENT - COLLISION WITH**
- |                        |                               |
|------------------------|-------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater             |
| 2. Pedestrian          | 7. Deer                       |
| 3. Bicyclist           | 8. Other pedestrian           |
| 4. Animal              | 10. Other Object (Not Fixed)* |
| 5. Railroad Train      |                               |

- COLLISION WITH FIXED OBJECT**
11. Light Support/Utility Pole
  12. Guide Rail-Not At End
  25. Guide Rail-End
  13. Crash Cushion
  14. Sign Post
  15. Tree
  16. Building/Wall
  17. Curbing
  18. Fence
  19. Bridge Structure
  20. Culvert/Head Wall
  21. Median-Not At End
  26. Median-End
  27. Barrier
  22. Snow Embankment
  23. Earth Embankment/Rock Cut/Ditch
  24. Fire Hydrant
  30. Other Fixed Object\*

- NO COLLISION**
31. Overturned
  32. Fire/Explosion
  33. Submersion
  34. Ran Off Roadway Only
  40. Other\*

- LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**
1. Head
  2. Face
  3. Eye
  4. Neck
  5. Chest
  6. Back
  7. Shoulder-Upper Arm
  8. Elbow-Lower Arm-Hand
  9. Abdomen - Pelvis
  10. Hip-Upper Leg
  11. Knee-Lower Leg-Foot
  12. Entire Body

- TYPE OF PHYSICAL COMPLAINT**
1. Amputation
  2. Concussion
  3. Internal
  4. Minor Bleeding
  5. Severe Bleeding
  6. Minor Burn
  7. Moderate Burn
  8. Severe Burn
  9. Fracture - Dislocation
  10. Contusion - Bruise
  11. Abrasion
  12. Complaint of Pain
  13. None Visible
  14. Whiplash

- VICTIM'S PHYSICAL AND EMOTIONAL STATUS**
1. Apparent Death
  2. Unconscious
  3. Semiconscious
  4. Incoherent
  5. Shock
  6. Conscious

**INJURED TAKEN**

17 BY TO 18

8 9 10 11 12 13 14 15 16 17 BY TO 18

**COVER SHEET**

**Bronx County Hospitals**

Bronx Municipal Hospital Center - 7003  
 Bronx Psychiatric Center - 7004  
 Bronx V.A. Hospital - 7005  
 Calvary Hospital Inc. - 7006  
 Lincoln Hospital and Medical Health Center - 7010  
 Our Lady of Mercy Medical Center - 7011  
 Montefiore Hospital and Medical Center - 7012  
 North Central Bronx Hospital - 7026  
 Our Lady of Mercy Medical Center Durso Pavilion - 7016  
 Prospect Hospital After Care - 7017  
 St. Barnabas Hospital - 7019  
 The Bronx-Lebanon Hospital Center Concourse Division - 7020  
 The Bronx-Lebanon Hospital Center Fulton Division - 7021  
 Montefiore Hosp. J. D. Weiler Hosp. of A. Einstein Coll. of Med. - 7022  
 Union Hospital - 7023  
 Westchester Square Hospital - 7025  
 Montefiore Center, Henry and Lucy Moses Division - 7026

**Kings County Hospitals**

Baptist Medical Center of New York - 7141  
 Brookdale Hospital Center - 7103  
 Brooklyn Hospital Center Downtown Campus - 7105  
 Brooklyn V.A. Hospital - 7107  
 Brooklyn Hospital Center Caledonian Campus - 7108  
 Carson C. Peck Memorial Hospital - 7109  
 Community Hospital of Brooklyn - 7110  
 Coney Island Hospital - 7111  
 Flatbush General Hospital - 7113  
 Hospital of the Holy Family Division of Catholic Med. Ctr. - 7115  
 Jewish Hospital and Medical Center - 7118  
 Kings County Hospital Center - 7119  
 Kings Highway Hospital - 7120  
 Kingsbrook Jewish Medical Center - 7121  
 Long Island College Hospital - 7124  
 Lutheran Medical Center - 7126  
 Maimonides Medical Center - 7127  
 Methodist Hospital of Brooklyn - 7128  
 St. John's Interfaith Medical Center - 7132  
 St. Mary's Hospital of Brooklyn - 7133  
 State University Hospital Downstate Medical Center - 7134  
 Victory Memorial Hospital - 7137  
 Wyckoff Heights Medical Center - 7139  
 Woodhull Medical and Mental Health Center - 7142  
 University Hospital of Brooklyn - 7143  
 Wyckoff Heights Med. Ctr. Jackson Heights Division - 7144

**Queens County Hospitals**

Astoria General Hospital - 7301  
 Booth Memorial Medical Center - 7302  
 Boulevard Hospital - 7303  
 Catholic Medical Center - Brooklyn-Queens, Inc. 7304  
 City Hospital Center at Elmhurst (Satellite) - 7305  
 Creedmore Psychiatric Center - 7306  
 Deepdale General Hospital - 7307  
 Flushing Hospital and Medical Center - 7308  
 Catholic Medical Center-Brooklyn-Queens, Inc. St. Joseph's Hospital Div. - 7309  
 H.I.P. Hospital, Inc. - 7310  
 Jamaica Hospital - 7311  
 Long Island Jewish-Hillside Medical Center - 7314  
 Mary Immaculate Hospital Div. of Cath. Med. Ctr., Brooklyn-Queens - 7315  
 Parkway Hospital - 7316  
 Parsons Hospital - 7317  
 Peninsula Hospital Center - 7318  
 Physician's Hospital - 7319  
 Queens Hospital Center - 7321  
 St. John's Episcopal Hospital South Shore Div. - 7322  
 St. Albans Naval Hospital - 7323  
 St. John's Queen Hospital Div. of Cath. Med. Ctr., Brooklyn-Queens - 7324  
 St. Mary's Hospital for Children - 7325  
 Laguardia Hospital - 7326

**Richmond County Hospitals**

Bayley Seton Hospital - 7408  
 Doctor's Hospital of Staten Island - 7401  
 Richmond Memorial Hospital and Health Center - 7402  
 Sea View Hospital and Home - 7403  
 St. Vincent's Medical Center of Richmond - 7404  
 Staten Island Hospital - The Urgent Care Center - 7405  
 U.S. Public Health Service Hospital (Marine Hospital) - 7406  
 Staten Island University Hospital - North - 7409  
 Staten Island University Hospital - South - 7410

**New York County Hospitals**

New York Downtown Hospital - 7201  
 Bellevue Hospital Center - 7202  
 Beth Israel Medical Center - 7203  
 Coler Memorial Hospital - 7204  
 Cabrini Medical Center - 7258  
 Columbia-Presbyterian Medical Center - 7205  
 Doctors Hospital - 7208  
 Flower and Fifth Avenue Hospital - 7209  
 Goldwater Memorial Hospital - 7212  
 Harlem Hospital Center - 7215  
 Hospital for Joint Diseases - 7216  
 Hospital for Special Surgery - 7218  
 Joint Diseases North General Hospital - 7259  
 Lenox Hill Hospital - 7223  
 Manhattan Eye, Ear and Throat Hospital - 7226  
 Manhattan State Hospital - 7227  
 Manhattan V.A. Hospital - 7228  
 Medical Arts Center Hospital - 7229  
 Memorial Hospital for Cancer & Allied Diseases - 7230  
 Metropolitan Hospital Center - 7231  
 Mount Sinai Hospital - 7233  
 New York Hospital - 7234  
 New York Eye and Ear Infirmary - 7237  
 New York Infirmary - 7239  
 New York University Medical Center - 7241  
 Rockefeller University Hospital - 7246  
 St. Luke's Roosevelt Hospital Center - 7247  
 Saint Clare's Hospital and Health Center - 7249  
 St. Luke's Hospital Center - 7251  
 St. Vincent's Hospital and Medical Center - 7252  
 Presbyterian Hospital in NYC A. Pavilion Division - 7260  
 Presbyterian Hospital in the City of New York - 7261

**Westchester County Hospitals**

Blythedale Children's Hospital - 5901  
 Burke Rehabilitation Center - 5902  
 NY Hospital Cornell Medical Center, Westchester Division - 5916  
 Community Hospital at Dobbs Ferry - 5903  
 FDR V.A. Hospital in Montose - 5911  
 Westchester County Medical Center - 5905  
 Lawrence Hospital - 5906  
 Mount Vernon Hospital - 5920  
 New Rochelle Hospital Medical Center - 5923  
 Northern Westchester Hospital - 5907  
 Hudson Valley Hospital Center - 5908  
 Phelps Memorial Hospital - 5909  
 St. Agnes Hospital - 5919  
 St. John's Riverside Hospital - 5910  
 St. Joseph's Hospital - 5925  
 St. Vincent's Hospital and Medical Center of NY - 5917  
 United Hospital - 5912  
 White Plains Hospital - 5913  
 Yonkers General Hospital - 5914

**Nassau County Hospitals**

Central General Hospital - 2908  
 North Shore University Hospital at Glen Cove - 2902  
 Franklin General Hospital Medical Center - 2913  
 H.I.P. Hospital of Long Island - 2903  
 Hempstead General Hospital - 2907  
 Long Island Jewish Hillside Medical Center - 2918  
 Long Beach Hospital - 2900  
 Lydia E. Hall Hospital - 2912  
 Massapequa General Hospital - 2917  
 Mercy Medical Center - 2915  
 Mid Island Hospital - 2910  
 Winthrop University Hospital - 2905  
 Nassau County Medical Center - 2909  
 North Shore University Hospital - 2901  
 South Nassau Community Hospital - 2911  
 St. Francis Hospital - 2916  
 Syosset Community Hospital - 2919

Any New Jersey Hospital - 9670

POLICE ACCIDENT REPORT (NYC) MV-104AN (7/01)

Precinct

Accident No.

Complaint Number

AMENDED REPORT

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

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

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

4 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code; Ticket/Arrest Number(s); Violation Section(s)

6 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; VEHICLE 2 DAMAGE CODES

7 Enter up to three more Damage Codes; ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Reference Marker; Coordinates (if available); Latitude/Northing; Longitude/Easting; Place Where Accident Occurred: BRONX, KINGS, NEW YORK, QUEENS, RICHMOND; Road on which accident occurred; at 1) intersecting street; or 2) of Feet Miles

Accident Description/Officer's Notes

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only

Officer's Rank and Signature; Print Name in Full; Tax ID No.; NCIC No. 03030; Precinct; Post/Sector; Reviewing Officer; Date/Time Reviewed

19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, USE COVER SHEET

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

<p>A Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____          Month Day Year ( )</p>	<p>D Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____          Month Day Year ( )</p>
<p>B Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____          Month Day Year ( )</p>	<p>E Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____          Month Day Year ( )</p>
<p>C Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____          Month Day Year ( )</p>	<p>Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____</p> <p style="text-align: right;">Shield No. _____</p>

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. 1 \_\_\_\_\_ Vehicle No.2 \_\_\_\_\_

Expiration Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

VIN \_\_\_\_\_ VIN \_\_\_\_\_

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone

**DUPLICATE COPY REQUIRED FOR:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. vehicle involved)   | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency<br>(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller<br>(if a City vehicle involved)    | <input type="checkbox"/> Personnel Safety Unit<br>(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit _____   |   |

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

\_\_\_\_\_

\_\_\_\_\_

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle—Operator's First Name _____	Last Name _____	Rank _____	Shield No. _____	Tax ID. No. _____	Command _____
Make of Vehicle _____	Year _____	Type of Vehicle _____	Plate No. _____	Dept. Vehicle No. _____	Assigned To What Command _____
Equipment in Use At Time of Accident					
<input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights					

**ACTIONS OF POLICE VEHICLE**

- |  |   |
|--|---|
| <input type="checkbox"/> Responding to Code Signal _____ | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator               | <input type="checkbox"/> Routine Patrol                         |
| <input type="checkbox"/> Other (Describe) _____          |   |