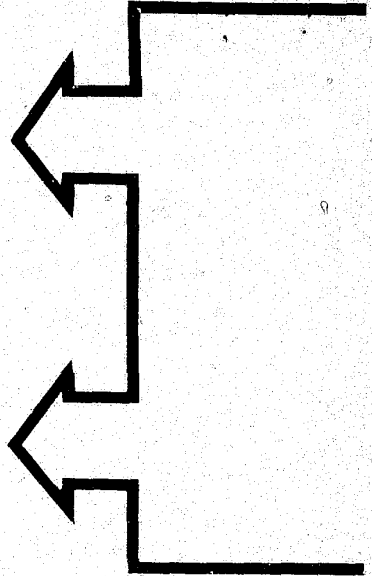


STATE OF NEW YORK
DEPARTMENT
OF
MOTOR VEHICLES



NCJRS

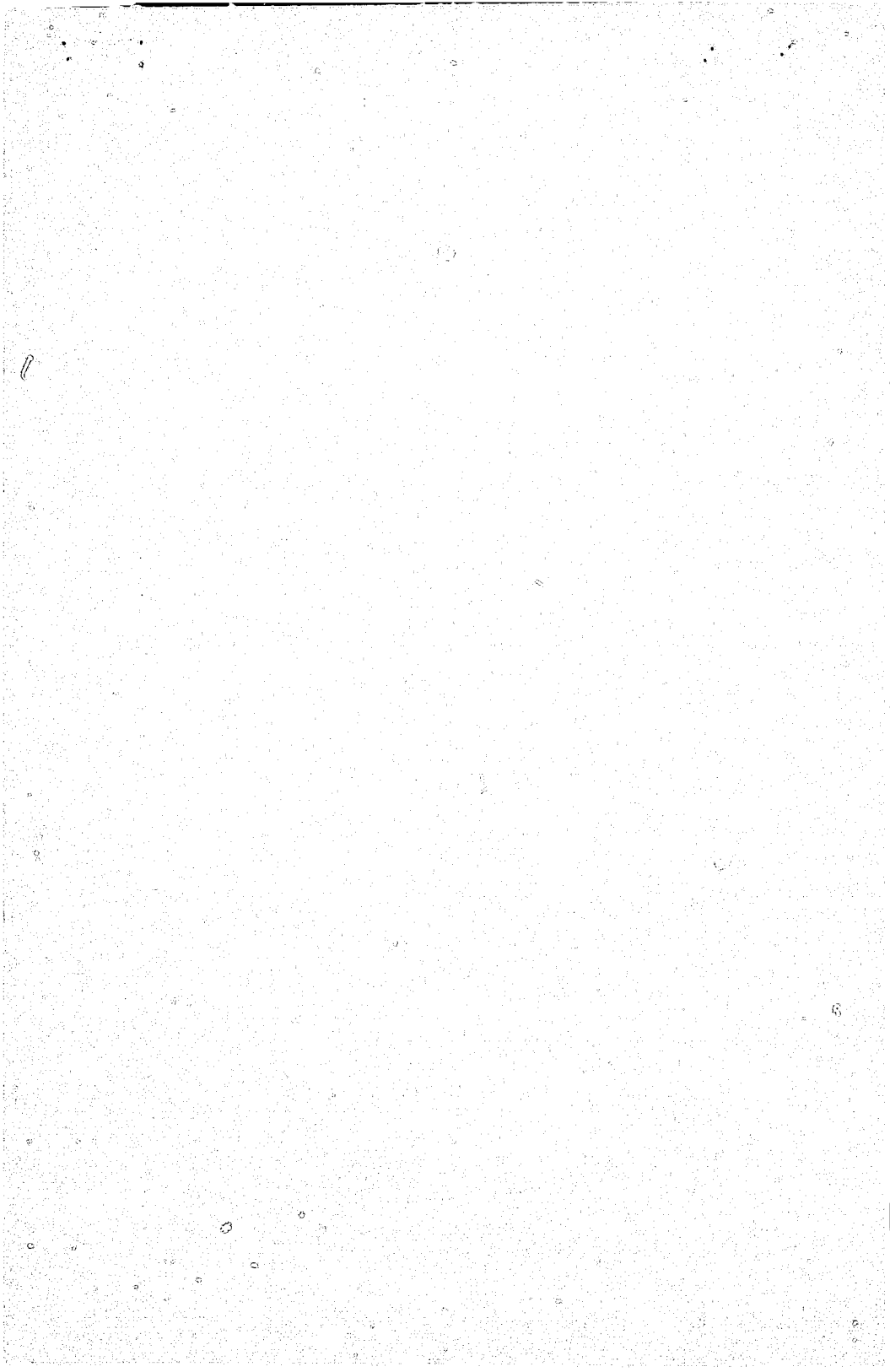
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ACQUISITIONS

**POLICE
ACCIDENT REPORT
MANUAL**

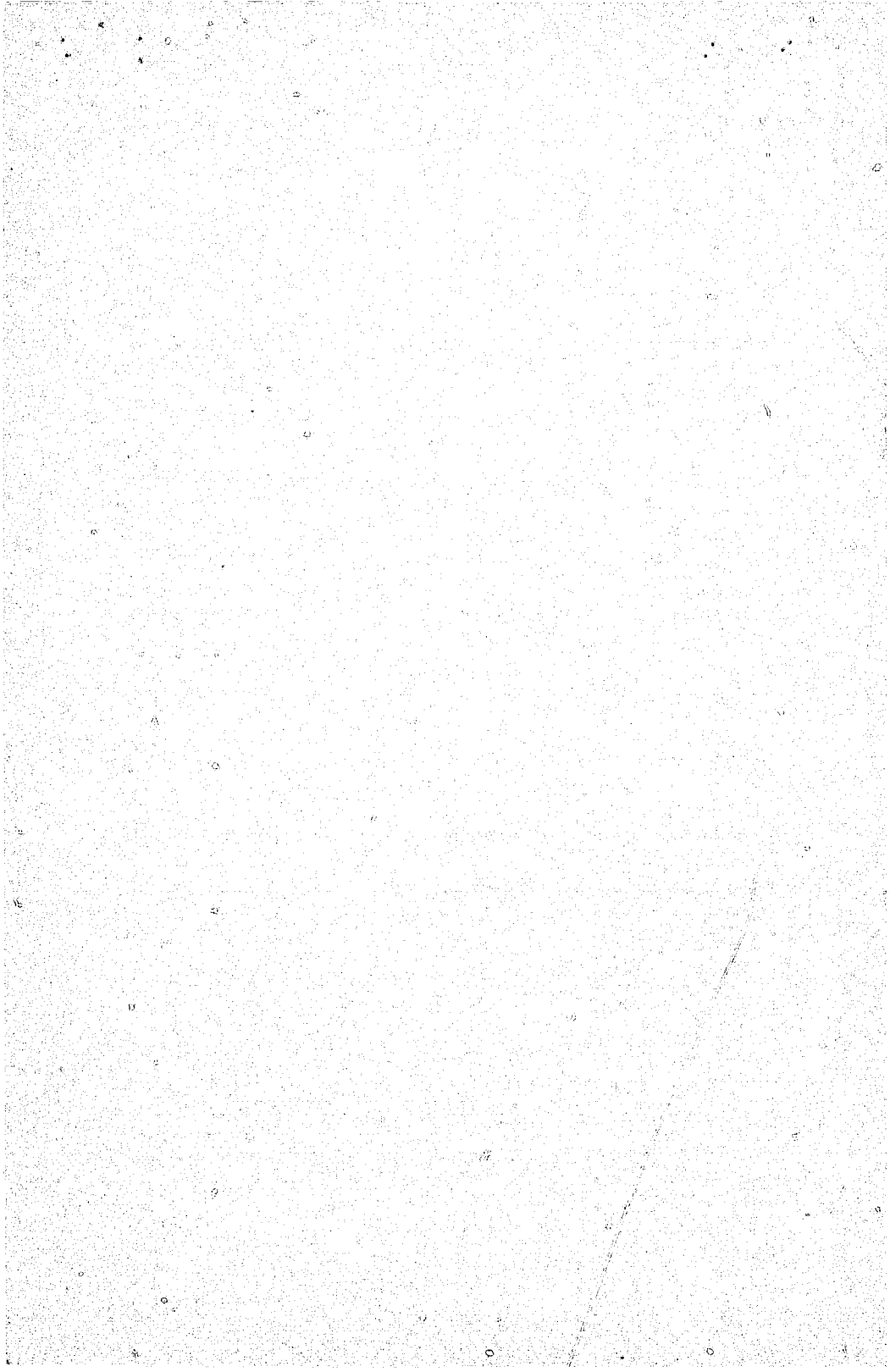
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POLICE REPORTING OF MOTOR VEHICLE ACCIDENTS

This manual is designed to assist police officers throughout New York State in making the reports on motor vehicle accidents required by the Vehicle and Traffic Law. Two forms have been developed, which have been approved by the Commissioner of Motor Vehicles, that must be used in making such reports. Police Accident Report form MV-104A is for use in all areas of the State except New York City; form MV-104AN is for use in New York City only.

The responsibility of police officers to investigate and report on motor vehicle accidents involving death or personal injury is well established by both law and custom. Law enforcement officers have long accepted such accident investigation as a basic and necessary element of their duty to save lives and care for injured persons.

The information made available by accurate and professional accident investigation and reporting is of major value in developing programs to reduce the number and/or severity of motor vehicle accidents. Such information is a basis for developing proper traffic laws and ordinances, traffic safety programs and other accident prevention programs. It is also essential when litigation arises from accidents.

STATUTORY REQUIREMENTS

The New York State Vehicle and Traffic Law requires that:

Every police or judicial officer to whom an accident resulting in injury to a person shall have been reported, pursuant to the foregoing provisions of this chapter, shall immediately investigate the facts, or cause the same to be investigated, and report the matter to the commissioner (of motor vehicles) forthwith; provided, however, that the report of the accident is made to the police officer or judicial officer within five days after such accident. Every coroner, or other official performing like functions, shall likewise make a report to the commissioner with respect to all deaths found to have been the result of motor vehicle or motorcycle accidents. (V&T Sec. 603)

Reports of accidents required under the preceding section, or under the rules and regulations of the commissioner, shall be upon forms prepared by him and contain such information as he shall prescribe. Blank forms for such reports shall be printed by the commissioner and a supply sent to all city, town and village clerks and to the chief officer of every city police department for general distribution and use as herein provided. Reports of accidents, required under the preceding section, shall be sent to and filed with the commissioner at the main office of the bureau (department) of motor vehicles in the city of Albany, except as otherwise provided by the rules and regulations of the commissioner. (V&T Sec. 604)

REPORTS BY DRIVERS

Drivers of vehicles involved in accidents resulting in death, personal injury, or property damage in excess of \$200 must also make an accident report to the Commissioner of Motor Vehicles. The MV-104 Report of Motor Vehicle Acci-

dent form can be obtained from Motor Vehicle issuing offices, local police or insurance agents.

Section 605 of the Vehicle and Traffic Law which requires such a report states:

Every person operating a motor vehicle which is in any manner involved in an accident, anywhere within the boundaries of this state, in which any person is killed or injured, or in which damage to the property of any one person, including himself, in excess of two hundred dollars is sustained, shall within ten days after such accident report the matter in writing to the commissioner. If such operator or chauffeur be physically incapable of making such report and there be another participant in the accident not incapacitated, such participant shall make such report within ten days after such accident. If the operator or chauffeur involved in such accident be unable to make such report, the owner of the motor vehicle involved in such accident, if such owner be not involved in such accident or incapacitated, shall within ten days after he learns of the fact of such accident, report the matter to the commissioner together with such information as may have come to his knowledge relating to such accident. . . .

Failure to report an accident as herein provided or failure to give correctly the information required of him by the commissioner in connection with such report shall be a misdemeanor and shall constitute a ground for suspension or revocation of the operator's (or chauffeur's) license or all certificates of registration for any motor vehicle, or both, of the person failing to make such reports as herein required. . . .

MV-104A and MV-104AN FORM SPECIFICATIONS

The MV-104A Police Accident Report form is a standard 8½ x 11" size. Each report set consists of an original and two copies with two carbon interleaves. The original is labeled "DMV COPY," and the first and second carbon copies are designated "POLICE AGENCY COPY 1" and "POLICE AGENCY COPY 2." Report sets are packaged in pads of 20. The pads are bound in cardboard and have a "bleed through" sheet which prevents writing through to subsequent sets of forms. The hospital code list is printed on the face of the "bleed through" sheet. The backs of both Police Agency copies are blank and, after the carbons are removed, may be used to record additional data needed by, or of interest to, a particular police agency.

The MV-104AN report form used in New York City is a single 8½ x 11" copy. It differs slightly from the MV-104A form. These differences are explained in the last section of this Manual.

Each pad of MV-104A forms and each copy of form MV-104AN has an attached cover sheet on which questions regarding an accident are printed. The codes corresponding to the answers to these questions are written by the investigating officer on the report form.

● The accident report forms are designed to be completed by hand in black ball point pen at the accident scene.

Supplies of forms can be obtained from:

Forms Inventory Control
New York State Department of Motor Vehicles
Empire State Plaza
Albany, New York 12228
Telephone: (518) 474-0888

FILING ACCIDENT REPORTS

Completed reports should be sent to the Department of Motor Vehicles without undue delay after an accident. Section 603 of the Vehicle and Traffic Law states that police or judicial officers hearing of and investigating accidents should "report the matter to the commissioner forthwith. . . ." Section 605 directs that motorists, participants, or owners of vehicles involved in reportable accidents "within ten days after such accident report the matter in writing to the commissioner."

Completed MV-104, MV-104A, and MV-104AN forms should be sent to:

Accident Records Analysis Bureau
New York State Department of Motor Vehicles
Empire State Plaza
Albany, New York 12228
Telephone: (518) 474-0959

Requests for information and advice about these forms should also be directed to the Accident Records Analysis Bureau.

FILLING IN THE POLICE ACCIDENT REPORT FORM

The Police Accident Report form requires two types of entries. The first type are written entries which are made in the body of the report. The second type are numbers which are entered in the boxes on the sides of the report (Boxes 1-7 on the left side and Boxes 19-30 on the right side) and in Columns 8-18 at the bottom of the report to the right of the "ALL INVOLVED" legend. The appropriate numbers are chosen from the codes on the cover sheet which correspond to those boxes and columns.

Note the instructions in the heavily outlined box in the center of the cover sheet. If a code is chosen which is followed by an asterisk (*), give an explanation in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area. If a particular question **does not apply** to the accident, enter a dash (-) in the appropriate space. If the answer is **unknown**, enter an "X" in the appropriate space.

Each form has space for reporting on two vehicles (or one vehicle and a pedestrian, or one vehicle and a bicyclist, etc.) and seven involved persons. If more space is needed, use the appropriate section(s) of additional report forms.

Following are instructions and examples for entering data in the blocks, columns and boxes of the Police Accident Report.

"Page ___ of ___ Pages"

This notation at the top left-hand side of the report should be filled in if there is more than one form covering the same accident, or if it is necessary to attach a sheet of paper containing additional information which would not fit in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" block on the printed report form. Fasten all pages pertaining to the same accident securely together.

If the attachment is one sheet with additional information typed or written on it, the entry on the report form should be "Page 1 of 2 Pages" and the attached sheet should be marked at the top "PAGE 2" followed by a dash and the name of Driver 1 carefully printed.

If the attachment is a second report form, the same entry "Page 1 of 2 Pages" should be on the first report form and "Page 2 of 2 Pages" should be on the second form.

LOCAL CODES

Local Codes

This block is available for use by the police agency. It may be used to indicate a case number, complaint number or any other information the police agency finds helpful for filing or identifying accident reports.

ACCIDENT IDENTIFICATION INFORMATION

Fill in the accident identification information required in the line along the top of the report as follows:

ACCIDENT DATE 7 / 8 / 76 MO DA TR	DAY OF WEEK TH	TIME 1:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	NUMBER OF VEHICLES 2	NO. INJURED 3	NO. KILLED 0
1	2	3	4	5	6
NON-HIGHWAY <input type="checkbox"/>	NOT INVESTIGATED AT SCENE <input type="checkbox"/>	LEFT SCENE <input type="checkbox"/>	POLICE PHOTOS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
7	8	9	10		

1. Indicate numerically the month, day and year that the accident took place, e.g., 7/8/76.

2. Indicate the day of the week, using the first two letters of the day on which the accident occurred, e.g., MO, TU, WE.

3. Enter the time the accident occurred. Indicate Ante or Post Meridian (AM or PM) by placing a check mark (✓) in the appropriate box. Midnight is considered AM and noontime PM. An agency may use military time, rather than AM or PM, if it wishes.

4. Indicate the number of motor vehicles involved in the accident. If three or more, additional forms must be completed.

5. Indicate the number of persons injured in the accident, exclusive of any whose injuries were fatal.

6. Indicate the number of persons killed in the accident.

7. Check this box only if the accident occurred other than on a highway. Section 118 of the V & T Law defines a highway as: "The entire width between the boundary lines of every way publicly maintained when any part thereof is open to the use of the public for purposes of vehicular travel." Accidents occurring in shopping center parking lots, service stations, etc., are examples of "NON-HIGHWAY" accidents.

8. Check only if a police investigation did not take place at the accident scene. Generally, this involves an accident reported to a police station by a motorist some time after the accident occurred.

9. Check only if the accident involved "leaving scene of an incident" as described in Section 600 of the V & T Law.

10. Check "YES" or "NO" to indicate whether photographs of the accident scene were taken by the investigating police agency.

DRIVER INFORMATION BLOCKS

VEHICLE 1							
1	LAST NAME DRIVER 1 FINLEY,		FIRST NAME WALTER			MIDDLE INITIAL H.	
2	NUMBER AND STREET 614 MILLER ST.						
3	CITY ELMIRA		STATE N.Y.		ZIP CODE 14901		
	DATE OF BIRTH 5 / 4 / 45 MO DA YR		SEX M	UNLICENSED <input type="checkbox"/>	NUMBER OF OCCUPANTS 3	PUBLIC PROPERTY DAMAGED <input checked="" type="checkbox"/>	DWV USE <input type="checkbox"/>
	4	5	6	7	8	9	

The block of the report for information concerning "DRIVER 1" is shown; the block for "DRIVER 2" is identical. If more than two drivers or vehicles are involved in an accident, use additional report forms. Enter the information for a third driver or vehicle in the space on the second form captioned "VEHICLE 1" and mark it "3," use the "VEHICLE 2" space for a fourth driver or vehicle and mark it "4," and so on.

Enter data in the driver information blocks as explained below. **TAKE EXTREME CARE TO ACCURATELY ENTER THE DRIVER'S NAME, DATE OF BIRTH AND SEX. THROUGH THIS INFORMATION THE MOTORIST IDENTIFICATION NUMBER IS DEVELOPED AND THE ACCIDENT IS ASSIGNED TO HIS/HER RECORD.**

1. Print the name of the driver of Vehicle 1 here. The name must be printed last name, first name and middle initial, EXACTLY AS IT IS COMPUTER PRINTED ON A NEW YORK STATE DRIVER'S LICENSE. If the operator is unlicensed, or has a non-New York State license, the name must still be entered in this manner.

If a pedestrian or bicyclist is involved in an accident, enter information on the pedestrian or bicyclist as if he were a driver. Enter information on the motor vehicle operator in the "DRIVER 1" block and information on the pedestrian or bicyclist in the "DRIVER 2" block. Information concerning the pedestrian or bicyclist should be taken from his driver's license, if he has one. Use an additional report form if more than one motor vehicle is involved with the pedestrian or bicyclist. NOTE: A motorcycle or motorized bicycle is a motor vehicle.

2-3. Print the driver's address EXACTLY as it appears on the driver's license.

4. Give the driver's date of birth numerically by month, day and year exactly as it appears on the driver's license.

5. Indicate the driver's sex by placing an "F" for female or an "M" for male in the box.

6. Check this box only when the driver of an accident-involved motor vehicle is not licensed. Do not indicate "UNLICENSED" if the motorist has a suspended, conditional or restricted license. This pertains only to a driver who has no license at all.

7. Indicate the number of individuals (including the driver) who were in or on the vehicle at the time of the accident. If more than seven persons, including

the driver, are involved in the accident, a second Police Accident Report form must be used to accommodate the additional individuals in the "ALL INVOLVED" section at the bottom of the report (except in the case of a collision involving a bus).

8. Check this box when the vehicle has damaged any public property such as guide rails, sign posts, traffic signals, etc. Public property does not include utility poles owned by a private utility company. The specific property damaged should be indicated in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area.

9. Leave this box blank, it is for DMV use only.

VEHICLE OWNER BLOCKS

1	LAST NAME OWNER 1 KENT,		FIRST NAME CLARK,		MIDDLE INITIAL J.	
2	NUMBER AND STREET 8321 LOIS LANE					
3	CITY SCHENECTADY,		STATE N.Y.		ZIP CODE 12306	
	PLATE NUMBER 803 SKK	STATE OF REG. N.Y.	YEAR & VEHICLE MAKE '68 CHEVR	VEHICLE TYPE CAR	INS. CODE 216	
	4	5	6	7	8	

The block on the report for information concerning "OWNER 1" is shown; the block for "OWNER 2" is identical. If more than two vehicles are involved in an accident, use additional report forms.

Enter data in the blocks in accordance with the instructions which follow. VEHICLE OWNER INFORMATION SHOULD BE TAKEN, WHENEVER POSSIBLE, FROM THE REGISTRATION DOCUMENT. VEHICLE 1 IS ALWAYS THE VEHICLE OPERATED BY DRIVER 1, VEHICLE 2 THE VEHICLE OPERATED BY DRIVER 2, ETC.

1. Print the owner's name—last name, first name, and middle initial, EXACTLY AS IT IS COMPUTER PRINTED ON THE NEW YORK STATE REGISTRATION. If the vehicle is unregistered or has a non-New York State registration, the name must still be entered in this manner. If the driver is also the owner, and the names on the license and registration documents are identical, simply print "DRIVER" here. Note, for example, that "Johnson, John" on a license and "Johnson, John J" on a registration are not identical, so the box would have to be filled in.

2-3. Print the owner's address EXACTLY as it appears on the registration. No entry is needed if the owner is the driver and the license and registration show exactly the same address.

4. Enter the registration plate number of the vehicle involved in the accident. If the vehicle involved is a police, fire or other exempt public vehicle, print "police," "fire," or other description appropriate to the vehicle in this block.

5. Enter the abbreviation of the state where the vehicle is registered.
6. Indicate the model year and the make of the vehicle in this block.
7. Indicate the general type of vehicle, i.e., car, pick-up truck, bus, tractor-trailer, motorcycle, etc.
8. Enter the three-digit code from the vehicle's Insurance Identification Card (Form FS-20 or FS-21) certifying insurance coverage. This code indicates the name of the owner's insurance company. If the vehicle is one that is not required to carry a card, place a dash (-) to indicate "does not apply" in the box. If the vehicle's Insurance Identification Card is not available, place an "X" in the box. The police officer will, of course, respond in an appropriate manner when the information cannot be ascertained because the required insurance card is not readily available (See Sections 312 and 319 of the Vehicle and Traffic Law).

VEHICLE DAMAGE DIAGRAMS

Indicate damage to vehicles caused by the accident in the appropriate blocks. "VEHICLE 1" refers to the vehicle of "OWNER 1" and "DRIVER 1" in preceding blocks. "VEHICLE 2" is the vehicle of "OWNER 2" and "DRIVER 2," etc. In the illustration, "VEHICLE 1" was damaged by being hit in the left rear fender. Damage to a vehicle is always indicated on the report by shading the specific area damaged. In the event a motorcycle, truck, bus or tractor-trailer is involved in an accident, assume the vehicle diagram represents that type of vehicle. If the vehicle is completely demolished, print "DEMOLISHED" across the diagram.

VEHICLE 1 DAMAGE

2 3

NO DAMAGE UNDERCARRIAGE

VEHICLE BY TOWED TO 4

1. Indicate with an arrow the first point of impact on each vehicle. In the illustration, the point of impact is shown in this manner as the left rear fender.

2. If a vehicle is not damaged, check the "NO DAMAGE" box. It is possible that no damage will occur in a collision with a pedestrian, a slow-speed rear-end collision, etc.

3. If the undercarriage of a vehicle is damaged, check the "UNDERCARRIAGE" box.

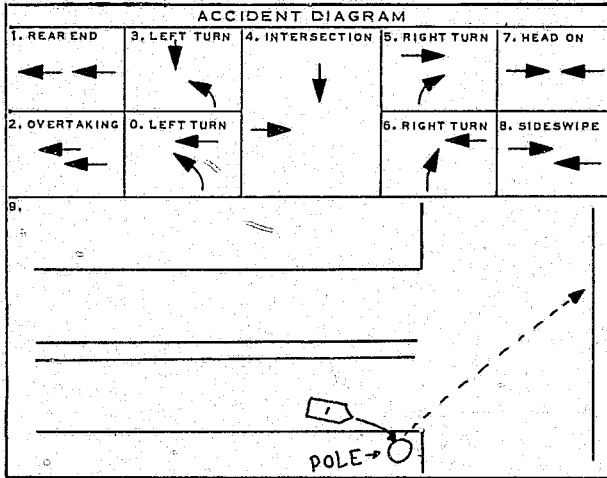
4. In the "VEHICLE TOWED" block, print the name of the garage, tow truck operator or other person who tows the vehicle and the location to which it is towed.

ACCIDENT DIAGRAM

Use one of the predrawn accident diagrams numbered 0 through 8 in this block to identify the nature of an accident involving TWO MOTOR VEHICLES ONLY. This is done by drawing a circle around one of the predrawn diagrams.

The blank space, number 9, must be used for single car accidents, accidents involving three or more motor vehicles, instances of a motor vehicle striking a

pedestrian, bicyclist or other conveyance that is not a motor vehicle, or for two-vehicle accidents which cannot be accurately depicted by one of the pre-drawn diagrams. The blank space may also be used by an investigating officer who



wishes to draw a more detailed accident diagram, in addition to circling one of the pre-drawn diagrams. It is recommended that any two-vehicle accidents that involve secondary events be drawn in number 9.

When drawing a diagram, draw each vehicle and number the vehicles to correspond with Vehicle 1, Vehicle 2, etc., depending on the number of vehicles involved. Take care to indicate roadway boundaries, crossings, intersections and any other information pertinent to the accident. A diagram must be drawn in space number 9 if a pre-drawn diagram is not circled.

ACCIDENT LOCATION DATA

This is the section of the report where data concerning the location of the accident are entered.

1. In the space identified as "1," enter the numbers from the Department of Transportation reference marker nearest the scene of the accident. These green markers with white numbering are found only on State highways. Copy the marker numbers EXACTLY as they appear.

1	2	3
REFERENCE MARKER	COUNTY	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE
2 3	ONTA	OF GENEVA
1 9 0 6	ROUTE NO. OR STREET NAME	
1 9 0 7	ON NORTH ST.	

A typical reference marker looks like this:

2 3
1 9 0 6
1 9 0 7

After entering this information, check to see that the numbers have

not been transposed or recorded out of position. For example, in the first row of the illustration, the number "23" is in the two middle blocks of the reference marker. When entering these on the accident report they could easily be entered out of position. Therefore, check the entry to make sure that the numbers not only match the reference marker number when reading across, but also when reading down (the number "2" in the first row entered directly over the "9" of the second row; the number "3" entered over the "0," and so on).

2. Indicate the county in which the accident occurred by entering the first four letters of the county's name, e.g., Albany County is indicated as ALBA, Chautauqua County as CHAU, etc.

3. Indicate the political jurisdiction of the accident. Check the appropriate box and write in the city, village or town name. NOTE: This space does not appear on the MV-104AN.

4

	ADDRESS/LANDMARKS AT SCENE		
	318 NORTH ST.		
50	<input type="checkbox"/> MILES	<input type="checkbox"/> N	<input type="checkbox"/> E
	<input checked="" type="checkbox"/> FEET	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W
	<input type="checkbox"/> AT INTERSECTION WITH		ROUTE NO. OR STREET NAME
			RT. 96

5

4. If the accident occurred on a street or highway on which houses or businesses are numbered, indicate the address nearest the accident scene. If no house numbering system exists, indicate a reference point that could be used to locate the accident, e.g., Culver City Central School, County Hospital, Ralph's Service Station, etc.

5. Enter the street name or route number on which the accident occurred. Use the route number whenever possible, rather than a local name by which a highway may be known. Indicate the distance in feet or miles and the direction of the accident from the nearest intersecting highway or street. If the accident was at an intersection, or in your judgment intersection related, check the intersection box.

TICKET/ARREST DATA

In the "TICKET/ARREST" block, check the appropriate box to show who was issued a uniform traffic ticket or other appearance ticket, or who was

Operator 1 arrested or issued ticket	Serial number of tickets issued to Operator 1	Serial number of ticket issued to Operator 2		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 2px;"> TICKET/ARREST OPR. 1 <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OPR. 2 <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> </td> <td style="padding: 2px;"> TICKET/ARREST NUMBER(S) (1) 123456, (1) 123456, (2) 1234567 VIOLATION SECTION(S) (1) 11BOAV&T (1) 1120AV&T (2) 509-1V&T </td> </tr> </table>			TICKET/ARREST OPR. 1 <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OPR. 2 <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	TICKET/ARREST NUMBER(S) (1) 123456, (1) 123456, (2) 1234567 VIOLATION SECTION(S) (1) 11BOAV&T (1) 1120AV&T (2) 509-1V&T
TICKET/ARREST OPR. 1 <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OPR. 2 <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	TICKET/ARREST NUMBER(S) (1) 123456, (1) 123456, (2) 1234567 VIOLATION SECTION(S) (1) 11BOAV&T (1) 1120AV&T (2) 509-1V&T			
Operator 2 arrested or issued ticket	V&T Section relating to tickets issued Operator 1	V&T Section relating to ticket issued Operator 2		

arrested. Check the box labeled "OTHER" only when a person not operating the vehicle was arrested for an act that caused the accident.

On the "TICKET/ARREST NUMBER(S)" line, indicate the serial number of the ticket issued (Appearance Ticket, Uniform Traffic Ticket, Uniform Adjudication Ticket, etc.) or the arrest number, if an actual arrest was made.

On the "VIOLATION SECTION(S)" line, enter the section number and the name of the law violated for which the ticket was issued or the arrest made.

If more than one ticket is issued, or more than one person is issued a ticket or arrested in the same accident, label the ticket numbers or arrest numbers "(1)" for Driver 1, "(2)" for Driver 2, etc. Label the violation section similarly, "(1)" for a violation committed by Driver 1, "(2)" for a violation committed by Driver 2, etc. The diagram shows how to do this when three tickets have been issued for one accident: two tickets to the driver of Vehicle 1 for unreasonable speed and failure to keep right, and one ticket to the driver of Vehicle 2 for being an unlicensed driver.

ACCIDENT DESCRIPTION/OFFICER'S NOTES

This area has been provided to allow inclusion of information about the accident which could not be entered or coded in other sections of the report form, and further explanation of circumstances which may be lengthy or complicated. This area may be used by the investigating officer to write an explanation of the entire accident, but he should realize that a properly coded report details most of the information about a typical accident and, by writing a description, he will probably be duplicating much information already provided in coded form.

ACCIDENT DESCRIPTION/OFFICER'S NOTES * #7 SEVERE WINDS
WITNESS - JOHN C. MULLINS 16 HIGH ST.
VEHICLE 1 WAS TRACTOR-TRAILER-TRAILER OWNS
VERMONT.

Use this area to enter the following information: license and registration information concerning a driver who apparently caused an accident but who did not become directly involved in the collision; registration information for a trailer when the accident involves a tractor-trailer or a car-house trailer (information on the hauling vehicle should be in the owner area of the report); names and addresses of witnesses; names and addresses of people who have had property other than a vehicle damaged as a result of the accident; and any other information deemed pertinent and of value. Also note any name or address changes or inconsistencies here.

"ALL INVOLVED" DATA AT BOTTOM OF REPORT FORM

Information on all persons involved in a motor vehicle accident must be entered in Columns 8 through 13 at the bottom of the report form.

"ALL INVOLVED" includes drivers, pedestrians, bicyclists and anyone in or on a motor vehicle at the time of the accident, regardless of whether or not the person was injured. Enter information for the total number of people indicated in the

WHICH VEHICLE OCCUPIED	
1. Vehicle No. 1	B. Bicyclist O. Other*
2. Vehicle No. 2	P. Pedestrian
POSITION IN/ON VEHICLE	
1. Driver 2-7. Passengers	
8. Riding/Hanging On Outside	
SAFETY EQUIPMENT USED	
1. No Restraint Used	
2. Lap Belt	
3. Harness	
4. Lap Belt and Harness	
5. Child Restraint	
10. Other*	
EJECTION FROM VEHICLE	
1. Not Ejected	
2. Partially Ejected	
3. Ejected	
AGE	SEX
12	13

	8	9	10	11	12	13
A	1	1	4	1	22	F
B	1	3	2	2	13	M
C	1	4	1	1	15	F
D	1	5	1	1	21	F
E	1	6	5	1	3	M
F	P	-	-	-	X	M
G	B	-	-	-	6	M

"NUMBER OF OCCUPANTS" box(es) in the Driver Information blocks. Use one line (A, B, C, D, etc.) for each person, and only one code per box in Columns 8 through 13.

The only exception to the rule is a bus. Complete Columns 8-13 for the bus driver and Columns 8-18 for injured bus occupants only. However, be certain that the "NUMBER OF OCCUPANTS" box shows the total number of persons on the bus.

The "ALL INVOLVED" section, Columns 8-13, which has been filled out as an example illustrates an accident in which a motor vehicle with five occupants has struck both a pedestrian and a bicyclist. Each line A through G has been completed for one of the persons involved in the accident.

WHICH VEHICLE OCCUPIED (COLUMN 8)

Enter in Column 8 the code which indicates the vehicle the person occupied or the status (e.g., bicyclist, pedestrian or other) of an involved non-occupant. To indicate that a person was in Vehicle 1, a "1" is placed on Line "A" in Column 8. Another person in that same vehicle would be indicated by placing

WHICH VEHICLE OCCUPIED	
1. Vehicle No. 1	B. Bicyclist O. Other*
2. Vehicle No. 2	P. Pedestrian
8	

a "1" on Line "B" of Column 8. If there were no other persons in Vehicle 1, identification of the occupants of the second vehicle would begin. To indicate a person in Vehicle 2, a "2" is placed on Line "C." Additional persons would be indicated by filling in additional lines. If a third, fourth or more vehicles were involved, the number "3" or "4," etc., would be placed on the line pertaining to a person in that vehicle.

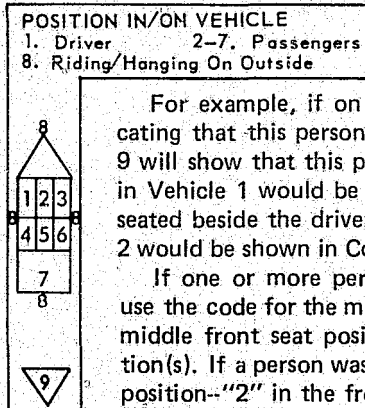
Even if an involved person was not an occupant of a vehicle, that person must be identified. Enter "B" to indicate a bicyclist, "P" for a pedestrian, "O" for anyone else.

POSITION IN/ON VEHICLE (COLUMN 9)

Enter on the appropriate line in Column 9 the code which indicates the position of each person involved in respect to the vehicle. To select the proper code to be entered, the designations indicated in the diagram below should be used.

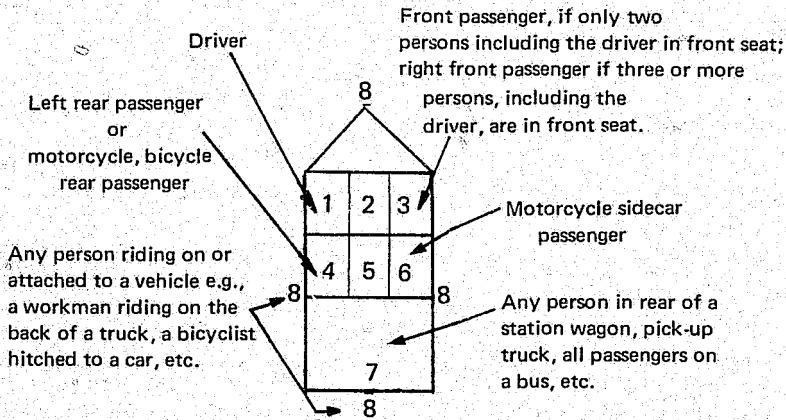
NOTE:

Do not use code 8 to indicate a pedestrian or bicyclist struck by a vehicle, use a dash (-) since this question does not apply to them.



For example, if on Line A in Column 8 a "1" was entered, indicating that this person was in Vehicle 1, an entry of "1" in Column 9 will show that this person was in the driver's seat. A second person in Vehicle 1 would be shown on Line B by a "1" in Column 8 and, if seated beside the driver, by a "3" in Column 9. The driver of Vehicle 2 would be shown in Column 9 by the entry of "1" on Line C.

If one or more persons were occupying middle seating positions, use the code for the middle position for each such person--"2" for the middle front seat position(s) and "5" for the middle rear seat position(s). If a person was lying across a seat, use the code for the middle position--"2" in the front and "5" in the rear. If one person is seated on another person's lap, both would be coded as occupying the same seating position in the vehicle.



SAFETY EQUIPMENT USED (COLUMN 10)

Indicate in this column the safety equipment used by each person in each involved vehicle. An entry of "1" indicates that the person was not using any safety equipment, "2" that a lap (seat) belt was in use, "3" that a harness (shoulder) belt was being used, "4" that both the harness and lap belts were being used, etc.

SAFETY EQUIPMENT USED

1. No Restraint Used
2. Lap Belt
3. Harness
4. Lap Belt and Harness
5. Child Restraint
10. Other*

10

If number "10" ("Other") is the proper entry, give a brief explanation in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area, e.g., "Item 10 - expanding air bags." If it is not possible to determine whether or not safety equipment was actually being used, enter "X" to indicate "unknown."

EJECTION FROM VEHICLE (COLUMN 11)**EJECTION FROM VEHICLE**

1. Not Ejected
2. Partially Ejected
3. Ejected

11

Show in this column whether ejection from a vehicle took place. If the driver and passenger in Vehicle 1 were not ejected, a "1" would be placed in Column 11 for both individuals. If the driver of Vehicle 2 was completely ejected from the vehicle, a "3" would be entered on Line C in Column 11. "Partially Ejected" means that a portion of an occupant's body protruded from a vehicle.

AGE (COLUMN 12)

List the present age--not the date of birth--of each involved person on the appropriate line.

SEX (COLUMN 13)

Enter the sex of each involved person ("M" for a male, "F" for a female) in Column 13.

INJURED PERSONS DATA (COLUMNS 14-18)

Enter data in Columns 14-18 for injured persons only. Indicate the location of each injured person's most severe injury, a description of the nature of the injury, and an assessment of the condition of the individual in Columns 14, 15 and 16. The injury coded must be the one observed as the most serious injury sustained by the individual. Even when a person has numerous injuries, only one may be indicated in Columns 14-16.

The investigating officer is responsible only for determining the injuries at the accident scene. This does not preclude an officer from obtaining a verified diagnosis from a hospital; it does mean that, for the purpose of making out the accident report, a medical diagnosis of an injury is not necessary.

If an involved person is not injured, enter dashes (-) in Columns 14 through 18 to indicate "does not apply." A series of dashes may be represented by drawing a single line through the appropriate columns.

If an injury did occur but its complete nature is unknown, enter "X's" in Columns 14 through 18.

The only valid entries for coding injuries in Columns 14, 15 and 16 are 3 numeric injury codes or, if there were no injuries or the nature of any injuries cannot be ascertained, 3 dashes or 3 "X's".

LOCATION OF MOST SEVERE

PHYSICAL COMPLAINT (COLUMN 14)

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

Enter the code for the part of the body which is most seriously injured.

If a person's injuries consist of a severe head wound, a broken arm, numerous contusions, etc., only the single most serious injury would be listed. The head injury would ordinarily be considered the most serious injury, and so a "1" would be entered on this person's line in Column 14.

14

TYPE OF PHYSICAL COMPLAINT (COLUMN 15)

Enter in this column the code which describes the type of physical injury sustained. The entry in this column for the injured person described in the previous paragraph as having a severe head wound would most likely be "5," "Severe Bleeding."

The following are definitions of the 13 types of "PHYSICAL COMPLAINT" which can be entered in Column 15:

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

1. Amputation--severed parts.
2. Concussion--dazed condition as a result of blow to head.
3. Internal--no visible injury but signs of anxiety, internal pain and thirst.
4. Minor Bleeding--slight discharge of blood.
5. Severe Bleeding--steady flow of blood that is not controlled.
6. Minor Burn--reddening of the skin.
7. Moderate Burn--reddening and blistering of the skin over a large area.
8. Severe Burn--reddening, blistering or charring of the skin over a large portion of the body.
9. Fracture/Dislocation--evidence of displacement of bones.
10. Contusion/Bruise--discoloration.
11. Abrasion--top layer of skin is scraped.

15

12. Complaint of Pain--no visible injury noted, but victim complains of pain.
 13. None Visible--no visible injuries, but victim is other than normal. DO NOT USE THIS CODE FOR UNINJURED PERSONS.

VICTIM'S PHYSICAL AND EMOTIONAL STATUS (COLUMN 16)

Enter in this column the code which describes the overall condition of each injured person. For example, "3" indicates an injured person is semiconscious. A victim's status is defined as follows:

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

1. Apparent Death.
2. Unconscious--victim unaware of his surroundings and does not respond to stimuli, verbal or physical.
3. Semiconscious--victim not fully aware of his surroundings.
4. Incoherent--victim lacks orderly continuity of thought.
5. Shock--depressed condition of all body functions, resulting from serious injury or the incident.
6. Conscious--normal and aware of surroundings. DO NOT USE THIS CODE FOR UNINJURED PERSONS.

16

INJURED TAKEN BY (COLUMN 17)

Record in this column the means by which an injured person is transported to a hospital. If the vehicle is an ambulance with a New York State ambulance registration plate, enter the four numerals from the plate. For injured persons taken for emergency medical treatment in a vehicle other than an ambulance with a New York State ambulance registration plate, enter one of the following codes:

- 9993 - Unknown Ambulance
 9994 - Coroner's Van or Municipal Emergency Equipment
 9995 - Private Vehicle
 9996 - Invalid Coach
 9997 - Fire Vehicle
 9998 - Police Car
 9999 - Police Ambulance

INJURED TAKEN

17 BY TO 18

INJURED TAKEN TO (COLUMN 18)

Complete Column 18, "INJURED TAKEN TO," by entering the four-digit hospital code for the hospital where the injured person is taken. All hospitals in New York State have been assigned a four-digit hospital code. These hospital codes are supplied with each set of forms. If a victim is taken directly to the hospital morgue, don't write "morgue" in Column 18. Rather, enter the four-digit code for the hospital in which the morgue is located.

All surrounding states have been assigned a four-digit code. If an injured person is taken to a hospital outside New York State, enter the four-digit code of that state, as found on the hospital list.

NAMES OF INJURED - IF DECEASED ALSO INCLUDE

DATE OF DEATH

Enter the name of any person injured or killed in the accident on the line opposite their coded injury data. Enter the date of death after the name of any person fatally injured in the accident. There are no requirements for or restrictions against entering names of uninjured persons.

- 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

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

INJURED TAKEN

14	15	16	17	BY	TO	18
----	----	----	----	----	----	----

NAMES - IF DECEASED GIVE DATE OF DEATH

A	14	15	16	17	18	NAMES - IF DECEASED GIVE DATE OF DEATH
B	1	2	4	1947	4302	SALLY SMITH
C	8	4	6			PETE JONES
D	1	1	1	1947	4302	JACKIE JONES-DIED.2/1/76
E	1	2	2	1947	4302	JOAN JONES-DIED, 2/2/76
F						
G						

The illustration shows examples of proper entries in Columns 14-18. They are explained below:

LINE A. No injury - Numeric entries **should not** be made in Columns 14-18 for uninjured persons. Simply put a dash (-) in each column or draw a line through Columns 14-18 to indicate "does not apply."

LINE B. Injury - In the case of **any** injury, entries **must** be made in Columns 14, 15 and 16 and the name of the injured person entered. When an injured person is transported to a hospital, Columns 17 and 18 must also be completed. In this example, Sally Smith was injured and transported to the hospital by ambulance. Therefore, Columns 14-18 are filled in entirely and her name is listed.

LINE C. Injury - Again, Columns 14, 15 and 16 require entries and the name of the injured person must be listed. In this example, Pete Jones was injured, but was **not** transported to the hospital. Therefore, a dash (-) or line is drawn through Columns 17 and 18, indicating "does not apply."

LINE D. Death - In the case of a death at the accident scene, as in the example, Columns 14, 15 and 16 must all be completed. It is not sufficient to fill in only "1" in Column 16, "Apparent Death." The name of the deceased (Jackie Jones in the example) and the date of death (in this case the date of the accident) must also be entered. When a **fatal** accident occurs, the names and addresses of all persons involved in the accident (including uninjured and witnesses) **must** be recorded either in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area or on a separate piece of paper which is stapled to the report.

LINE E. Subsequent Death - In the example, Joan Jones' death occurred on the day **after** the accident. When the report was **initially** completed on the date of the accident, Columns 14-18 were completed for a person injured and transported to a hospital, as described in LINE B above. Upon being notified of subsequent death, simply enter the date of death next to the deceased individual's name if the original report has **not** yet been forwarded to the Department of Motor Vehicles' Accident Records Analysis Bureau (see the example). If the original report has **already** been forwarded, as would probably be the case when death occurs a week or more after the accident, a "CHANGE" report **must** be filed with the DMV Accident Records Analysis Bureau. This "CHANGE" report, a corrected MV-104A, will include the name of the deceased and the date of death, in addition to other required information mentioned previously or below.

POLICE IDENTIFICATION INFORMATION

Identification of the investigating officer, the police agency and the officer who reviews the accident report are entered in the last line along the bottom of the report.

	1	2	3
OFFICER'S RANK AND NAME	BADGE NO.		DEPARTMENT
SIGN HERE PTL. FORRESTER	314		05103
PRECINCT/ TROOP/ZONE	STATION/POST/ BEAT/SECTOR	REVIEWING OFFICER	DATE/TIME REVIEWED
36 4	4 5	C.L. 6	11/18/76 1:00 P.M. 7

1. The police officer who completes the report must sign it and indicate his/her rank in this space.

2. The badge number of the officer who completes the report must be entered.

3. The middle five positions of the ORI Agency Identifier Number (NCIC) for the police agency is entered here. Since all ORI Agency Identifier Numbers in New York State begin with the letters "NY" and end with "00," the middle five positions provide a unique identifier and are the only numbers to be entered (e.g., for NY1234500 enter only 12345).

4. The precinct, post, troop or zone must be indicated, if applicable.

5. The station, beat or sector must be indicated, if applicable.

6. If an officer/supervisor reviews the report, it should be initialed here.

7. The date and time that the reviewing officer reviewed the report is entered here.

ENTRIES REQUIRED FOR NUMBERED BOXES ON SIDES

The MV-104A accident report form has seven boxes in the left margin, numbered 1 through 7, and twelve boxes in the right margin, numbered 19 through 30. Fill in each box with the proper entry, as determined from the corresponding code list on the cover sheet. If a question does not apply to the accident being reported, enter a dash (-) in the corresponding box on the report form. If the proper entry for any question is unknown, enter an "X" in the corresponding box on the report form.

EXAMPLE: If an accident involves a motor vehicle striking a pedestrian at an intersection, Box 1 is completed by entering the number "1," "Pedestrian at Intersection."

EXAMPLE: In an accident which involved no pedestrians, Box 1 is completed by entering a dash (-) since the question does not apply.

EXAMPLE: If an accident is investigated some time after it occurred and the "ROADWAY SURFACE CONDITION" at the time of the accident cannot be determined, Box 6 is completed by entering an "X" to indicate "unknown."

If a code that is followed by an asterisk (*) is used, give an explanation in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area describing the exact circumstances. For example, in "TRAFFIC CONTROL" there is no listing for detour signs. If detour signs controlled traffic and an accident occurred at the detour, "20" is placed in Box 3. The explanation in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area would be "No. 3 - Detour Signs."

PEDESTRIAN LOCATION/PEDESTRIAN ACTION

(BOXES 1 AND 2)

Boxes 1 and 2 pertain only to accidents in which a pedestrian is involved. Indicate whether or not the pedestrian's location was at an intersection by placing "1" or "2" in Box 1. Indicate the pedestrian's action by putting the appropriate code (numbers 1-14) in Box 2. If there was more than one involved pedestrian, code the action of the first pedestrian and explain the second pedestrian's action in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area.

1 2	1	PEDESTRIAN LOCATION
		1. Pedestrian at Intersection 2. Pedestrian Not at Intersection
2 8	2	PEDESTRIAN ACTION
		1. Crossing, With Signal 2. Crossing, Against Signal 3. Crossing, No Signal, Marked Crosswalk 4. Crossing, No Signal or Crosswalk 5. Walking Along Highway With Traffic 6. Walking 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 10. Pushing/Working On Car 11. Working in Roadway 12. Playing in Roadway 13. Other Actions in Roadway* 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL (BOX 3)

Indicate the traffic control at the accident scene in Box 3. The types of controls listed are self-explanatory, except that number 7, "No Passing Zone," refers to both highway lane markings and to signs that prohibit passing.

3 11	3	TRAFFIC CONTROL										
		<table border="0"> <tr> <td>1. None</td> <td>7. No Passing Zone</td> </tr> <tr> <td>2. Traffic Signal</td> <td>8. RR Crossing Sign</td> </tr> <tr> <td>3. Stop Sign</td> <td>9. RR Crossing Flashing Lt.</td> </tr> <tr> <td>4. Flashing Light</td> <td>10. RR Crossing Gates</td> </tr> <tr> <td>5. Yield Sign</td> <td>11. Stopped School Bus - Red Lights Flashing</td> </tr> <tr> <td>6. Officer/Flagman/Guard</td> <td>20. Other *</td> </tr> </table>	1. None	7. No Passing Zone	2. Traffic Signal	8. RR Crossing Sign	3. Stop Sign	9. RR Crossing Flashing Lt.	4. Flashing Light	10. RR Crossing Gates	5. Yield Sign	11. Stopped School Bus - Red Lights Flashing
1. None	7. No Passing Zone											
2. Traffic Signal	8. RR Crossing Sign											
3. Stop Sign	9. RR Crossing Flashing Lt.											
4. Flashing Light	10. RR Crossing Gates											
5. Yield Sign	11. Stopped School Bus - Red Lights Flashing											
6. Officer/Flagman/Guard	20. Other *											

LIGHT CONDITIONS (BOX 4)

Indicate the light condition at the accident scene at the time of the accident.

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

ROADWAY CHARACTER (BOX 5)

Indicate the character of the roadway at the scene of the accident. The entry selected should describe as closely as possible the roadway at the exact location of the accident.

5 3	5	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 (BOX 6)

Indicate the roadway surface condition at the accident scene at the time of the accident.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 6 2 </div>	}	6	ROADWAY SURFACE CONDITION
			1. Dry 4. Snow/Ice 2. Wet 5. Slush 3. Muddy 10. Other*

WEATHER (BOX 7)

Indicate the weather condition at the accident scene at the time of the accident.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7 5 </div>	}	7	WEATHER
			1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 10. Other*

APPARENT CONTRIBUTING FACTORS (BOXES 19, 20, 21 AND 22)

The "APPARENT CONTRIBUTING FACTORS" list has three major headings: "Human," "Vehicular," and "Environmental." Human factors indicate that the accident is attributable to human actions or inactions. Vehicular factors indicate that the accident is attributable to vehicle defects, inadequacies or malfunctions. Environmental factors indicate that the environment, e.g., highway, weather, etc., is in some way responsible for the accident.

APPARENT CONTRIBUTING FACTORS	VEHICULAR		
<i>HUMAN</i>	41. Accelerator Defective	Vehicle 1	19
2. Alcohol Involvement	42. Brakes Defective		
3. Backing Unsafely	43. Headlights Defective	Vehicle 1	20
4. Driver Inattention (Indicate)*	44. Other Lighting Defects		
5. Driver Inexperience (Indicate)*	45. Oversized Vehicle	Vehicle 2	21
6. Drugs (Illegal)	46. Steering Failure		
7. Failure to Yield Right-of-Way	47. Tire Failure/Inadequate	Vehicle 2	22
8. Fell Asleep	48. Tow Hitch Defective		
9. Following Too Closely	49. Windshield Inadequate		
10. Illness	60. Other Vehicular *		
11. Lost Consciousness	<i>ENVIRONMENTAL</i>		
12. Passenger Distraction	61. Animal's Action		
13. Passing or Lane Usage Improper	62. Glare		
14. Pedestrian's Error/Confusion	63. Lane Marking Improper/ Inadequate		
15. Physical Disability	64. Obstruction/Debris		
16. Prescription Medication	65. Pavement Defective		
17. Traffic Control Disregarded	66. Pavement Slippery		
18. Turning Improperly	67. Shoulders Defective/Improper		
19. Unsafe Speed	68. Traffic Control Device Improper/Non-Working		
40. Other Human *	69. View Obstructed/Limited		
	80. Other Environmental *		

Two "APPARENT CONTRIBUTING FACTORS" can be indicated for each involved vehicle or person. For example, if an intoxicated driver went through a stop sign and caused an accident, codes "2" and "17" could be placed in Boxes

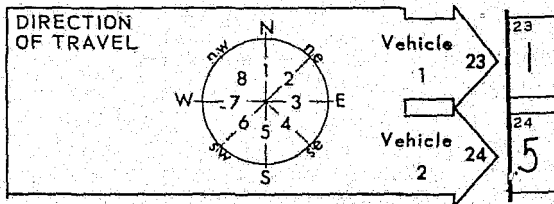
19 and 20. A pedestrian's or bicyclist's contributing factors can be indicated by placing the appropriate codes in Boxes 21 and 22 (a bicyclist or pedestrian is considered Vehicle 2).

It is possible, of course, for a combination of factors to exist, e.g., a human contributing factor and a vehicular one. In order to indicate more than two contributing factors for a vehicle, the two primary factors should appear in the boxes and any others should be described in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area (e.g., "Vehicle 1 also had defective brakes"). The absence of a second contributing factor should be indicated by a dash (-), meaning "does not apply" placed in Box 20 and/or Box 22.

Entries in these boxes are very important since they provide professional judgment as to the cause or causes of the accident. Since all accidents have causes, these causes should be precisely identified and correctly reported.

DIRECTION OF TRAVEL (BOXES 23 AND 24)

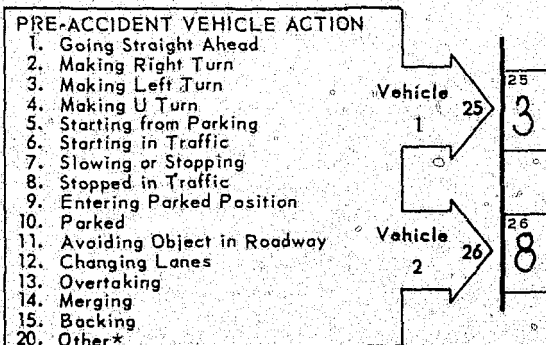
The direction in which each vehicle involved in the accident was travelling must be determined from the investigation. The appropriate numbers to enter in Box 23 for Vehicle 1 and Box 24 for Vehicle 2 are then determined from the diagram on the cover sheet. Code 8 would show that the vehicle was proceeding in a northwesterly direction, code 1 that it was travelling north, code 6 that it was going southwesterly, etc. If a parked vehicle is involved, the direction it is facing at the time of the accident is its direction of travel.



Pedestrians, bicyclists or other involved units which are not motor vehicles are always considered to be Vehicle 2. The direction a pedestrian was facing or walking, or the direction a bicyclist was travelling is indicated in Box 24.

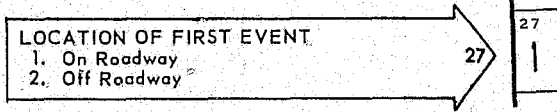
PRE-ACCIDENT VEHICLE ACTION (BOXES 25 AND 26)

Select and enter the code that indicates the action of each involved vehicle immediately preceding the accident.



LOCATION OF FIRST EVENT (BOX 27)

The "First Event" is the initial phase of the accident, when one motor vehicle strikes another, or a pedestrian, or a fixed object, or runs off the roadway. It is the moment of impact or collision, or the moment damage or injury occurs.



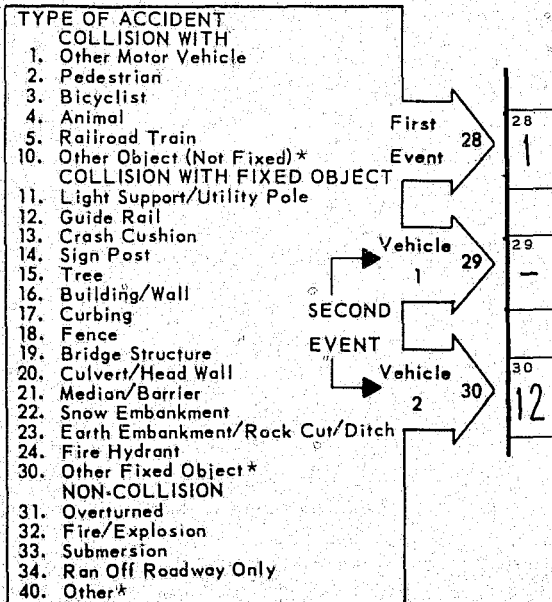
Indicate if this "First Event" occurred on or off the roadway. The definition of roadway is: "that portion of a highway, improved, designed, marked, or ordinarily used for vehicular travel. . ." It does not include the shoulders.

EXAMPLE: Vehicle 1 goes onto the shoulder and strikes a sign. In this case, the location of the "First Event" occurred off the roadway and "2" should be entered in Box 27.

EXAMPLE: Vehicle 2 is parked partially on the roadway and partially off the roadway. Vehicle 1 strikes Vehicle 2 in the left rear. The portion of Vehicle 2 that suffered the first point of impact should be used to determine how the accident is classified. In this example, the left rear of Vehicle 2, the first point of impact, was located on the roadway, therefore, "1" should be entered in Box 27.

TYPE OF ACCIDENT (BOXES 28, 29 AND 30)

Boxes 28, 29 and 30 serve to indicate the type of accident which occurred, to answer the question "With what did the vehicle collide?", and to show any pertinent non-collision factor. Entries for Boxes 28, 29 and 30 are selected from



among the items numbered 1-40. Box 28, "First Event," is for the INITIAL DAMAGE OR INJURY PRODUCING ACTION which occurred. Boxes 29 and 30 are for the "Second Event." The "Second Event" is any collision or vehicle accident action which occurs as a direct result of the "First Event."

If Vehicle 1 strikes Vehicle 2, the "First Event" would be indicated in Box 28 as "1," collision with "Other Motor Vehicle." If both vehicles then stop, there is no "Second Event" and a dash (-) would be placed in Boxes 29 and 30. However, if Vehicle 2 continues on and hits a tree, another accident action took place. Vehicle 2 has produced a "Second Event" in striking the tree. Since only Vehicle 2 had a "Second Event," a dash would be entered in Box 29 for Vehicle 1 and code "15" would be entered in Box 30 for Vehicle 2's "Second Event" of "collision with a tree."

It could happen that, after their initial collision with each other, both vehicles could glance off and strike fixed objects. In such a case, both vehicles would have "Second Events." It is also possible for additional subsequent events to take place. One vehicle may strike another, then a fire hydrant, then overturn and finally ignite. This is four events. The first is its collision with a motor vehicle, the second its collision with the fixed object. Since there is no box to indicate a third or later event, the most serious "Second Event," based on the best judgment of the investigating officer, takes precedence. In the example, fire would probably be the most serious and, therefore, the entry in Box 29 (or Box 30, depending upon which vehicle it was) would properly be "32" for fire, rather than "24" for striking the fire hydrant, or "31" for overturning. All events in an accident of more than two events should be sequentially described in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" area.

CHANGE REPORTS

It is often necessary to make changes in a previously submitted report, e.g., a report of a hit-and-run accident submitted before the driver of the hit-and-run vehicle is identified. Upon identifying the driver, a supplementary report should be made showing the driver's name, address and any other pertinent new information.

State of New York - Department of Motor Vehicles

POLICE ACCIDENT REPORT

DMV COPY

CHANGE
 7/8/76 CHEMUNG
 FINLEY, WALTER, H
 ELMIRA, N.Y. 5/4/45

Whenever it is necessary to change information contained in a Police Accident Report already filed with the Department of Motor Vehicles, a new accident report must be submitted showing the changes. The word "CHANGE" should be printed in large block letters at the top center of the new report.

Besides giving the information requiring change, it is essential to complete the date and county of accident, and the name, city and state of residence and date of birth of the driver, owner, or whoever's name was originally reported in both the "DRIVER 1" and the "OWNER 1" sections of the Vehicle 1 area EXACTLY as shown in the original report. This information should be carefully printed in the blank space at the top of the report.

If photocopying equipment is available, photocopy the agency copy of the original accident report (be sure it is a clear copy), print the word "CHANGE" in bold letters at the top center of the copy and add the information indicating the change. Use colored ink so that the word "CHANGE" and the new information stand out from the photocopy print of the original report.

FORM MV-104AN FOR NEW YORK CITY

Police Accident Report form MV-104AN is a two-page set consisting of a cover sheet and an 8½ x 11" report form. The back of the cover sheet contains a hospital list for New York City and the surrounding area. The MV-104AN requires the same information as the MV-104A plus some additional information on the back of the report form which is required by New York City. The areas of difference are the "Precinct" and "Accident No." boxes at the top of the form, the "Time (Military)" box, a "Location Code" box, the elimination of space provided to record the "City, Town or Village" of accident occurrence, a "Complaint No." box and a preprinted number in the "Department" box which identifies the New York City Police Department. The questions and choices on the cover sheet are identical on both forms.

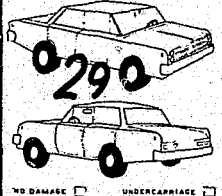
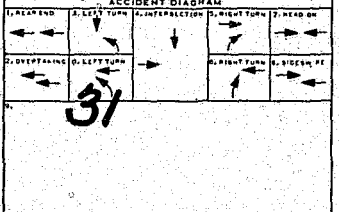
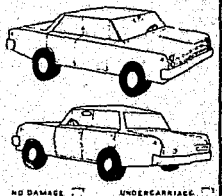
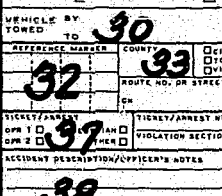
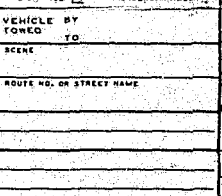
All the information in this Manual is relevant to and is the required procedure for completing the MV-104AN form. Instruction for the completion of the additional fields on the MV-104AN should be obtained from the training officer.

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State of New York - Department of Motor Vehicles
POLICE ACCIDENT REPORT
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This Manual has been prepared by the Traffic Records Project and the Bureau of Publications and Traffic Safety Education, Office of Public Information, of the New York State Department of Motor Vehicles.

STATE OF NEW YORK
 Hugh L. Carey, Governor
 DEPARTMENT OF MOTOR VEHICLES
 James P. Melton, Commissioner



END