MV-104 (7/05) **PAGE 1 of 2**

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Use only for accidents that happen in New York State

New York State Department of Motor Vehicles REPORT OF MOTOR VEHICLE ACCIDENT www.nysdmv.com

| | Assident Data | — | Page | of | | | | | | | | | SPENDED F | | | | |
|----------------|----------------------------|------------|-----------------|--------------|----------------------|-------------------------|--------------|-------------------------|----------------|--|----------------------------|-------------------|------------------------------|-------------|-----------|---------------------|-------------------------|
| | Accident Date Month Day | Year | | | ! Р | | er of les | Number Injured | | Killed | eccident at sce ! Yes ! | ene? ! No | Name of Police | | | | |
| Ð | | | DRIVE | R OF VE | HICLE | 1 | | State of | f License | ! VEHICL | E 2 ! | PEDESTRIAN | I ! BICYC | LIST | ! OTH | ER PEDE | STRIAN |
| | Driver Name-exac | tly as pri | nted on license | (Last, First | t, M.I.) | | | | | Name-exac | tly as printed o | on license (Last, | First, M.I.) | | | | |
| DRIVER | Address (Include N | lumber & | Street) | | | | | | | Address (Ind | clude Number | & Street) | | | | | |
| P | City or Town | | | | | State | Zi | ip Code | | City or Towr | 1 | | | Sta | te | | |
| | Date of Birth Month Da | ay | Year | Sex | Num Peop Vehic | ber of ble in cle | | Public Prope Dama | erty aged ! | Month | Day | Year | | | | Publ Prop Dam | lic perty naged ! |
| 2 | Name-exactly as p | orinted or | n registration | | | Date of E Month | irth Day | y Yea | Sex | Name-exac | tly as printed o | on registration | ' | Date Mor | of Birth | oay Yea | Sex |
| REGISTRANT | | | | | | | | | | | | | | | | ' | |
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| 3 | | | | | | | | | | | | | | | | | |
| VEHICLE DAMAGE | | | | | | | | | | | Left Turn | Rear End | Sideswipe (same direction | on) | escribe o | damage to | vehicle 2 |
| DAN | | | | | | | | | | | Left Turn | 1. Right Angle | 2. | | | | |
| 딩 | | | | | | | | | | | 3. | 4. → | | | | | |
| 一 | | | | | | | | | | | Right Turn | | Sideswipe (opposite direc | ction) | | | |
| | | | | | | | | | | | | | | | | | |
| <u>N</u> | | | | | | | | | | | | | | | | | |
| NT LOCATION | | | | | | | | | | | | | | | | | |
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| ACCIDE | | | | | | | | | | | | | | | | | |
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| INSURANCE | | | | | | | | | | | | | | | | | |
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- 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

- 14. Not in Roadway

LIGHT CONDITIONS

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

ROADWAY CHARACTER
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest 4. Curve and Level5. Curve and Grade6. Curve at Hillcrest

POSITION IN/ON VEHICLE (Column 9) - Enter the number from this diagram which corresponds to each person's position.

1. Driver 2-7. Passengers 8. Riding/Hanging on Outside