New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT

**VEHICLE 1**

- **Driver Name:** exactly as printed on license
- **Address:** Include Number & Street
- **City or Town:**
- **Date of Birth:**
- **Sex:**
- **Unlicensed:**
- **No. of Occup.:**
- **State of Lic.:**
- **Plate Number:**
- **Vehicle Year & Make:**
- **Vehicle Type:**
- **Ins. Code:**
- **Description damage to vehicle 1:**

**VEHICLE 2**

- **Driver Name:** exactly as printed on license
- **Address:** Include Number & Street
- **City or Town:**
- **Date of Birth:**
- **Sex:**
- **Unlicensed:**
- **No. of Occup.:**
- **State of Lic.:**
- **Plate Number:**
- **Vehicle Year & Make:**
- **Vehicle Type:**
- **Ins. Code:**
- **Description damage to vehicle 2:**

**BICYCLIST**

- **Name:**
- **Address:** Include Number & Street

**PEDESTRIAN**

- **Name:**
- **Address:** Include Number & Street

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**ALL PERSONS INVOLVED**

- **Name and Address:**
- **8. In Veh. No.:**
- **10. Safety Equip. Used:**
- **11. Position in Vehicle:**
- **12. Age:**
- **13. Sex:**
- **Describe Injuries:**
- **K A B C Date of Death:**

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**How did the accident happen?**

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**BICYCLIST**

- **Name:**
- **Address:** Include Number & Street

**PEDESTRIAN**

- **Name:**
- **Address:** Include Number & Street
You must report within 10 days any accident occurring in New York State causing death, personal injury or damage over $1000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. You must fill in all information requested on the report.

INSTRUCTIONS
PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK
"First - fold along this line." Then fill in the 11 boxes in the right margin (on page 1 of form) by entering the number of the item which best describes the circumstances of the accident. If a question does not apply, enter a dash (-). If an answer is unknown, enter an "x". * Don't fold internet form. Instead, place page 2 over page 1 with the arrows on page 2 pointing to the boxes on the right edge of page 1.

1. If you were involved in an accident with a pedestrian, enter the pedestrian information in the "Driver" spaces provided for Vehicle 2, and check the "PEDESTRIAN" box.
2. Enter driver information EXACTLY as it appears on each driver license.
3. If more than two vehicles were involved in this accident, fill out additional accident reports. On these reports, place the information for the third vehicle in the space provided for VEHICLE 2.
4. If a vehicle is unoccupied, enter all available information. Be sure to enter the correct vehicle plate number and vehicle type in the VEHICLE block.
5. If the accident occurred on a State highway, you will find a small green sign called a reference marker somewhere near the crash site. In the "Reference Marker" section, write the number EXACTLY as it appears on the sign.
6. For ALL PERSONS INVOLVED in the accident, list their names and addresses and fill in Boxes 8, 10, 11, 12, 13. For any person killed or injured, describe injuries and check appropriate injury code in Box 16. If anyone was killed in, or as a result of, the accident, provide the date of death.

SEND TO:
MV-104 (6/00)
ALBANY NY 12220-0925