PEDESTRIAN/BICYCLIST LOCATION (1)
1. Pedestrian/Bicyclist at Intersection
2. Pedestrian/Bicyclist Not at Intersection

PEDESTRIAN/BICYCLIST ACTION (2)
1. Crossing With Signal
2. Crossing Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking Along Highway With Traffic
6. Riding/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 (Specify) *

TRAFFIC CONTROL (3)
1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Officer/Guard
7. No Passing Zone
8. RR Crossing Sign
9. RR Crossing Flashing Light
10. RR Crossing Gates
11. Stopped School Bus-Red Lights Flashing
12. Construction Work Area
13. Maintenance Work Area
14. Utility Work Area
20. Other *

LIGHT CONDITIONS (4)
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlit

ROADWAY CHARACTER (5)
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 (6)
1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
0. Other *

WEATHER (7)
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

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

POSITION IN/ON VEHICLE (9)
1. Driver — 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED (10)
1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet
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 Skates
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only

0. Other*

EJECTION FROM VEHICLE (11)
1. Not Ejected
2. Partially Ejected
3. Ejected

AGE (12) | SEX M/F (13)

New York State
Department of Motor Vehicles
NYC POLICE ACCIDENT REPORT
MV-104AN (6/00)

*EXPLAIN IN ACCIDENT DESCRIPTION.

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

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

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT (14)
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 (15)
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 (16)
1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN 17 BY | TO 18

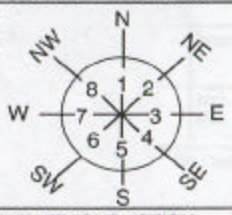
APPARENT CONTRIBUTING FACTORS

HUMAN
2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention *
5. Driver Inexperience *
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
8. Fell Asleep
21. Fatigued/Drowsy
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian's/Bicyclist's Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Change
40. Other Human *

VEHICULAR
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
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
80. Other Environmental *

DIRECTION OF TRAVEL



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. Overtaking
14. Merging
15. Backing
20. Other *

LOCATION OF FIRST EVENT
1. On Roadway
2. Off Roadway

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

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*

NON-COLLISION
31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

Vehicle 1 (19) | Vehicle 1 (20) | Vehicle 2 (21) | Vehicle 2 (22) | Vehicle 1 (23) | Vehicle 2 (24) | Vehicle 1 (25) | Vehicle 2 (26) | (27) | First Event (28) | SECOND EVENT: Vehicle 1 (29), Vehicle 2 (30)

COVER SHEET N

USE OVER SHEET

Names - If Deceased, Give Date of Death