Page of Pages

Precinct

Accident No.

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (6/00)

DMV USE

19

Accident Date Month / Day / Year	Day of Week	Time ☐AM ☐PM	No. of Vehicles	No. Injured	No. Killed	Non-Highway ☐	Not Investigated ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐Yes ☐No

20

(YOUR VEHICLE) VEHICLE 1 ☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN

21

Vehicle 1 License ID No.																							
Driver Name–exactly as printed on license																							
Address (Include Number & Street)																							
City or Town																							
Date of Birth / /	Sex	Unlicensed ☐	No. of Occup.	Public Property Damaged ☐	State of Lic.																		
Name–exactly as printed on registration																							
Address (Include Number & Street)																							
City or Town																							
Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code																			

DMV USE

Vehicle 2 License ID No.																							
Name–exactly as printed on license																							
Address (Include Number & Street)																							
City or Town																							
Date of Birth / /	Sex	Unlicensed ☐	No. of Occup.	Public Property Damaged ☐	State of Lic.																		
Name–exactly as printed on registration																							
Address (Include Number & Street)																							
City or Town																							
Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code																			

22

23

24

VEHICLE 1

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

Box 1 - Point of Impact Box 2 - Most Damage	1	2
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By

To

VEHICLE 2

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 2 DAMAGE CODES

Box 1 - Point of Impact Box 2 - Most Damage	1	2
Enter up to three more Damage Codes	3	4	5

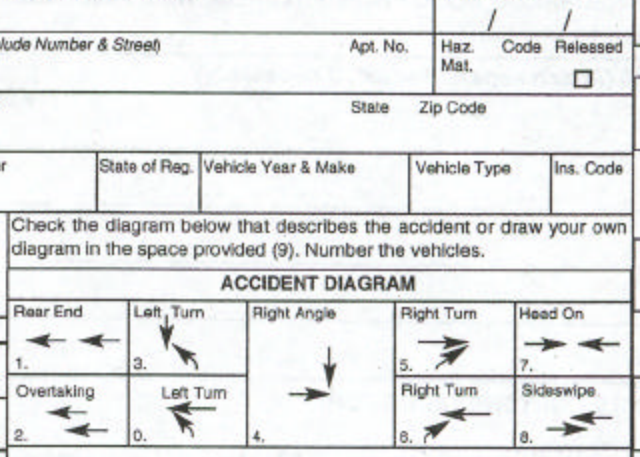
Vehicle Towed: By

To

Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles.

25

ACCIDENT DIAGRAM



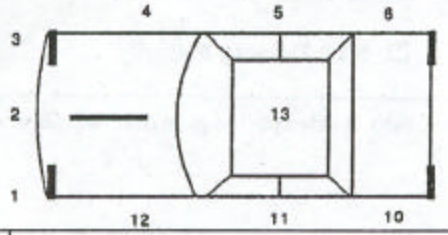
26

27

28

Estimated cost of repairs to any one vehicle meets criteria for "reportable" threshold. ☐ Yes ☐ No

VEHICLE DAMAGE CODING:
1-13. See diagram on right.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Location Code

☐ Bronx ☐ Kings ☐ New York ☐ Queens ☐ Richmond

29

Route No. or Street Name ☐ Miles ☐ N ☐ E ☐ Feet ☐ S ☐ W of ☐ At Intersection With

on

Ticket/Arrest Number(s):

Complaint No.

Ticket/Arrest ☐ Opr 1 ☐ Opr 2 ☐ Pedestrian ☐ Bicyclist ☐ Other

Violation Section(s):

30

Accident Description/Officer's Notes:

USE COVER SHEET

N

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names - If Deceased, Give Date of Death