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Local Codes

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (9/99)

DMV COPY

DMV USE

1 | 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

VEHICLE 1 ☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ IN-LINE SKATER

2 | Driver Name–exactly as printed on license | DMV USE | Name–exactly as printed on license | DMV USE

Address (*Include Number & Street*) | Apt. No. | Address (*Include Number & Street*) | Apt. No.

City or Town | State | Zip Code | City or Town | State | Zip Code

3 | Date of Birth / / | Sex | Unlicensed ☐ | No. of Occup. | Public Property Damaged ☐ | State of Lic. | Date of Birth / / | Sex | Unlicensed ☐ | No. of Occup. | Public Property Damaged ☐ | State of Lic.

Name–exactly as printed on registration | Date of Birth / / | Name–exactly as printed on registration | Date of Birth / /

4 | Address (*Include Number & Street*) | Apt. No. | Haz. Mat. | Code | Released ☐ | Address (*Include Number & Street*) | Apt. No. | Haz. Mat. | Code | Released ☐

City or Town | State | Zip Code | City or Town | State | Zip Code

Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code | Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code

5 | 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.

6 | 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

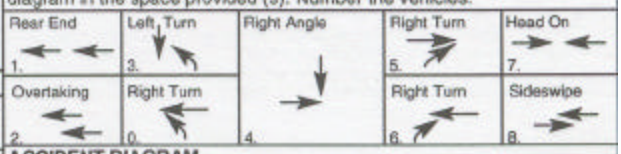
7 | Vehicle Towed: By / To

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

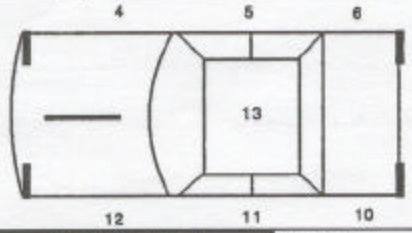
Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles.



ACCIDENT DIAGRAM

9.

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



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

Ticket/Arrest Number(s)

Violation Section(s)

Reference Marker | DMV USE ONLY | County | ☐ City ☐ Town ☐ Village

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

on

Coordinates (*if available*)
Latitude/Easting:
Longitude/Northing:

Nearest Intersecting Route/Street

TICKET/ARREST ☐ OPR 1 ☐ OPR2
☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER

Accident Description/Officer's Notes

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names - If Deceased, Give Date of Death
A												
B												
C												
D												
E												
F												
G												

SIGN | Officer's Rank and Name | Badge/ID No. | Department | Precinct/Post | Station/Beat/ | Reviewing Officer | Date/Time Reviewed