MV-104 (6/00) **PAGE 1**

New York State Department of Motor Vehicles

REPORT OF MOTOR VEHICLE ACCIDENT

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DMV USE

DO NOT FORGET ACCIDENT DATE

Page _____ of _____

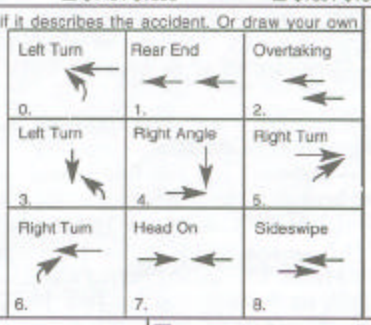
☐ ***RUSH*** **- DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT**

Accident Date Month / Day / Year	Day of Week	Time ☐ AM ☐ PM	No. of Vehicles	No. Injured	No. Killed	Left Scene ☐	Did police investigate accident at scene? ☐ Yes ☐ No	If "Yes", Name of Police Agency

(YOUR VEHICLE) VEHICLE 1	DRIVER	☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN
Vehicle 1 License ID No.		Vehicle 2 License ID No.
Driver Name–exactly as printed on license		Name–exactly as printed on license
Address (*Include Number & Street*) / Apt. No.		Address (*Include Number & Street*) / Apt. No.
City or Town / State / Zip Code		City or Town / State / Zip Code
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.
DMV USE		**DMV USE**
Name–exactly as printed on registration / Date of Birth / /	VEHICLE	Name–exactly as printed on registration / Date of Birth / /
Address (*Include Number & Street*) / Apt. No.		Address (*Include Number & Street*) / Apt. No.
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
Estimated Cost of Repairs - Vehicle 1: ☐ $1000 or less ☐ $1001-$1200 ☐ $1201-$1400 ☐ $1401-$1600 ☐ $1601-$1800 ☐ Over $1800		Estimated Cost of Repairs - Vehicle 2: ☐ $1000 or less ☐ $1001-$1200 ☐ $1201-$1400 ☐ $1401-$1600 ☐ $1601-$1800 ☐ Over$1800

Describe damage to vehicle 1

ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident. Or draw your own diagram below in space #9.
Number the vehicles. Your vehicle is No. 1



9.

Describe damage to vehicle 2

Reference Marker	New York County of Occurrence	☐ City ☐ Town ☐ Village
	Route No. or Street Name	_____ ☐ Miles ☐ N ☐ E ☐ Feet ☐ S ☐ W of ☐ At Intersection With
	Nearest Intersecting Route/Street	

ALL PERSONS INVOLVED (see instruction 6 on page 2):

16. Check all column(s) that apply. See instruction 6 on page 2.

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

How did the accident happen? _____

Identify Damaged Property Other Than Vehicle(s)	
Name of Insurance Company That Issued Policy	Policy Number
Name and Address of Policy Holder	Policy Period From To
If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.	Name and Address of Permit Holder
Is Form SR-23 (Fleet Coverage) on File with DMV? ☐ Yes ☐ No / If Self-Insured, give Certificate No.	and State
Date	A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. ☐ Injury ☐ Death
	Signature of Driver (or Representative) of Vehicle 1
	Print Name of Driver (or Representative) of Vehicle 1