

New York State Department of Motor Vehicles  
**TRUCK and BUS SUPPLEMENTAL  
 POLICE ACCIDENT REPORT**  
 MV-104S (2/98)

DMV USE ONLY

Local Codes

Amended Report

**INSTRUCTIONS:** You must complete this form ONLY

- ◆ if at least one of the vehicles involved is
  - a truck with 6 or more tires; or
  - a vehicle with a Haz Mat placard; or
  - a bus designed to carry 16 or more persons
- ◆ AND at least one of the following conditions is met
  - a vehicle was towed from the scene due to damage (including providing intervening assistance)
  - at least one person sustained fatal injuries
  - at least one person was transported for IMMEDIATE medical treatment

**Number of Qualifying Vehicles Involved:**

- \_\_\_ Truck with 6 or more tires
- \_\_\_ A vehicle with a Haz Mat placard
- \_\_\_ Bus designed to carry 16 or more persons

**Number of Vehicles/Persons:**

- \_\_\_ Towed from scene due to damage
- \_\_\_ Sustaining fatal injuries
- \_\_\_ Transported for IMMEDIATE medical treatment
- \_\_\_ Provided intervening assistance.

DMV USE ONLY

DATE OF ACCIDENT	TIME OF ACCIDENT	COUNTY	CITY/TOWN/VILLAGE
MO. DAY YEAR	(Military)		

DRIVER	License Number	MO.	DAY	YR.	SEX	MV-104A/AN VEH NUMBER
Name:	Date of Birth:					

CARRIER'S NAME:	SOURCE
	1 Vehicle side 2 Shipping papers 3 Driver 4 Other 5 Unknown 6 Log Book

STREET OR P.O. BOX	CITY	STATE	ZIP CODE	TOTAL AXLES (Includes trailers)
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CARRIER'S IDENTIFICATION NUMBERS	PLATE NUMBER	STATE OF REG.
US DOT ICC MC		

GROSS VEHICLE WEIGHT RATING	VEHICLE IDENTIFICATION NUMBER
Truck/Tractor lbs. Total All Trailer(s) lbs.	

<b>VEHICLE CONFIGURATION</b> 0 4 tires With Haz Mat Placard 1 Bus 2 Single-unit truck: 2 axles, 6 tires 3 Single-unit truck: 3 or more axles 4 Truck/trailer 5 Tractor (no trailer) 6 Tractor/semi-trailer 7 Tractor/doubles 8 Tractor/triples 9 Unknown heavy truck	<b>TRAFFIC WAY</b> 1 Not physically divided (2-way traffic) 2 Divided highway, median strip, without traffic barrier 3 Divided highway, median strip with traffic barrier 4 One-way traffic
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<b>CARGO BODY TYPE</b> 1 Bus 2 Van/enclosed box 3 Cargo tank 4 Flatbed 5 Dump 6 Concrete mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other	<b>ACCESS CONTROL</b> 1 No control (unlimited access) 2 Full control (only ramp entry and exit) 3 Other
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<b>HAZARDOUS MATERIALS INVOLVEMENT</b> Does vehicle have Haz Mat placard? 1 Yes 2 No  COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond:  NAME OF HAZ MAT CLASS:  -OR- WAS HAZARDOUS CARGO RELEASED FROM VEHICLE? (Do not count fuel from fuel tank) 1 Yes 2 No	<b>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>NON-COLLISION:</b></td> <td style="width: 50%;"><b>COLLISION WITH:</b></td> <td style="width: 10%;"></td> </tr> <tr> <td>01 Ran off road</td> <td>08 Pedestrian</td> <td>1st</td> </tr> <tr> <td>02 Jackknife</td> <td>09 Motor vehicle in transport</td> <td>2nd</td> </tr> <tr> <td>03 Overturn/Rollover</td> <td>10 Parked motor vehicle</td> <td></td> </tr> <tr> <td>04 Downhill runaway</td> <td>11 Train</td> <td></td> </tr> <tr> <td>05 Cargo loss or shift</td> <td>12 Pedalcycle</td> <td>3rd</td> </tr> <tr> <td>06 Explosion or fire</td> <td>13 Animal</td> <td></td> </tr> <tr> <td>07 Separation of units</td> <td>14 Fixed object</td> <td></td> </tr> <tr> <td></td> <td>15 Other object*</td> <td>4th</td> </tr> <tr> <td></td> <td>16 Other* (non-collision)</td> <td></td> </tr> <tr> <td></td> <td>17 In-Line Skater</td> <td></td> </tr> </table> (* Describe in Explanation Section)  <b>APPARENT DRIVER CONDITION</b> 1 Appeared Normal 2 Had been drinking 3 Illegal drug use 4 Sick 5 Fatigue 6 Asleep 7 Medication 8 Unknown	<b>NON-COLLISION:</b>	<b>COLLISION WITH:</b>		01 Ran off road	08 Pedestrian	1st	02 Jackknife	09 Motor vehicle in transport	2nd	03 Overturn/Rollover	10 Parked motor vehicle		04 Downhill runaway	11 Train		05 Cargo loss or shift	12 Pedalcycle	3rd	06 Explosion or fire	13 Animal		07 Separation of units	14 Fixed object			15 Other object*	4th		16 Other* (non-collision)			17 In-Line Skater	
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EXPLANATION:

OFFICER'S RANK AND NAME	BADGE NUMBER	DEPARTMENT	DATE OF REPORT
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