



New York State Department of Motor Vehicles
**POLICE REPORT FOR
 FATAL MOTOR VEHICLE ACCIDENTS**
 MV-104D (1/99)



DMV
 USE

Page _____ of _____ Pages

Local Code	Accident Date Month Day Yr. / /	Time of Accident	County	City/Town/Village	No. Killed	No. Vehicles	Work Rela <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name and Address of Deceased

ACCIDENT DATA

Speed Limit (MPH)	Location (Route or Street Name)
Estimated Speed:	
Vehicle 1 _____ MPH <input type="checkbox"/> Unknown	Vehicle 2 _____ MPH <input type="checkbox"/> Unknown
Vehicle 3 _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette):	
Vehicle 1 _____	Vehicle 2 _____
Vehicle 3 _____	
Roadway Surface:	
<input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes	Roadway Flow: <input type="checkbox"/> One Way Traffic
	<input type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not physically divided

EMERGENCY MEDICAL SERVICES*	HOSPITAL INFORMATION
Time (Military): _____	If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:
Notified _____	
Arrived at Scene _____	
Arrived at Hospital _____	If the victim was transferred to another hospital (after initial transportation), give the name, county and state that hospital:

OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
V E H I C L E 1 Driver							
Passenger							
Passenger							
V E H I C L E 2 Driver							
Passenger							
Passenger							
V E H I C L E 3 Driver							
Passenger							
Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and phone number of the ambulances so we can contact them:

** To be "extricated," the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".
 *** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

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