

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)

MV-104AN (6/00)

DMV
USE

Precinct
Accident No.

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

Vehicle 1 License ID No. Driver Name—exactly as printed on license DMV USE Address (Include Number & Street) Apt. No.

21

City or Town State Zip Code

22

Date of Birth Sex Unlicensed No. of Occup. Public Property Damaged State of Lic.

Name—exactly as printed on registration Date of Birth

23

Address (Include Number & Street) Apt. No. Haz. Code Released Mat.

24

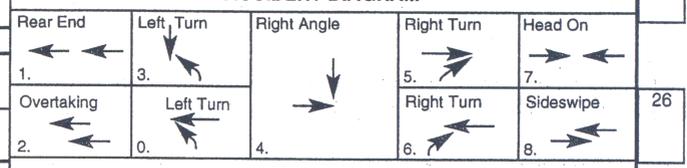
City or Town State Zip Code

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

VEHICLE DAMAGE CODING: 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 Enter up to three more Damage Codes

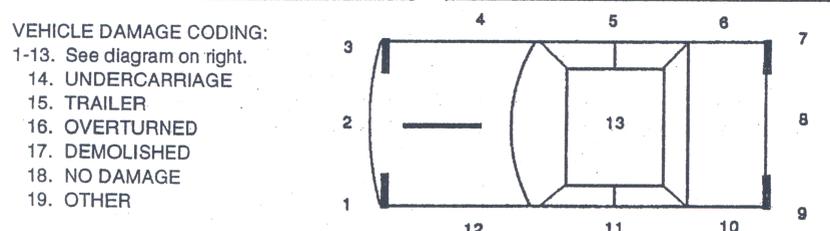
VEHICLE DAMAGE CODING: Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes

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



25

26



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

27

28

Location Code Bronx Kings New York Queens Richmond Route No. or Street Name on Ticket/Arrest Number(s): Violation Section(s):

29

Ticket/Arrest Opr 1 Opr 2 Pedestrian Bicyclist Other Complaint No.

30

Accident Description/Officer's Notes:

USE COVER SHEET

N

Table with columns for names and dates: 8 9 10 11 12 13 14 15 16 17 BY TO 18 Names - If Deceased, Give Date of Death

SECTION A

You must report within 10 days any accident occurring in New York State causing death, personal injury or damage over \$1000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. **You must fill in all information requested on the report.**

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK

First - fold along this line.
 Then fill in the 11 boxes in the right margin (on page 1 of form) by entering the number of the item which best describes the circumstances of the accident. If a question does not apply, enter a dash (-). If an answer is unknown, enter an "x".

*** Don't fold internet form. Instead, place page 2 over page 1 with the arrows on page 2 pointing to the boxes on the right edge of page 1.**

1. If you were involved in an accident with a pedestrian, enter the pedestrian information in the "Driver" spaces provided for Vehicle 2, and check the "PEDESTRIAN" box.

If you were involved in an accident with a vehicle other than a motor vehicle (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, owner and vehicle information in the space provided for VEHICLE 2.

If a vehicle is unoccupied, enter all available information. Be sure to enter the correct vehicle plate number and vehicle type in the VEHICLE block.

2. Enter driver information EXACTLY as it appears on each driver license. Enter owner information EXACTLY as it appears on the registration of each vehicle involved in the accident.

3. If more than two vehicles were involved in this accident, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked YOUR VEHICLE and mark it No. 3. Use the space marked VEHICLE 2 for the fourth vehicle, and mark it No. 4 and so on. Additional forms are available at any Motor Vehicles office or from the DMV website: <http://www.nydmv.state.ny.us>

4. Enter the street or route name, the distance and direction from the nearest intersection, and the name or route number of that intersecting street.

5. If the accident occurred on a State highway, you will find a small green sign called a reference marker somewhere near the crash site. In the "Reference Marker" section, write the number EXACTLY as it appears on the sign.

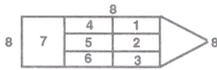
6. For ALL PERSONS INVOLVED in the accident, list their names and addresses and fill in Boxes 8, 10, 11, 12, 13. For any person killed or injured, describe injuries and check appropriate injury code in Box 16. If anyone was killed in, or as a result of, the accident, provide the date of death. Place a "P" in Box 8 for pedestrians, and a "B" for bicyclists.

CODES FOR SAFETY EQUIPMENT USED (Box 10):

- | | |
|-------------------------|--------------------------------------|
| 1. None | 6. Helmet |
| 2. Lap Belt | 7. Air Bag Deployed |
| 3. Harness | 8. Air Bag Deployed/Lap Belt |
| 4. Lap Belt Harness | 9. Air Bag Deployed/Harness |
| 5. Child Restraint Only | A. Air Bag Deployed/Lap Belt/Harness |
| | B. Air Bag Deployed/Child Restraint |

POSITION IN/ON VEHICLE (Box 11):

1. Driver 2-7. Passengers
 8. Riding/Hanging on Outside



In Box 11, enter the number from this diagram which corresponds to each person's position.

INJURY CODES (Box 16):

- K - Any injury that results in death.
 A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.
 B - Lump on head, abrasions, minor lacerations.
 C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury).

If more than four people are involved, another report is needed. In the ALL PERSONS INVOLVED section of that report, record the required information for everyone else involved in the accident.

7. Attach additional reports to page one. Each page of the report must be numbered in the upper right corner. Mark additional sheets #2, #3, etc. **Date and sign on the bottom line of each attached report. THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS INJURED OR DECEASED.**

Send original to:

ACCIDENT RECORDS BUREAU
 PO BOX 2925
 6 EMPIRE STATE PLAZA
 ALBANY NY 12220-0925

SECTION B

USE TO COMPLETE BOXES 1-11 ON PAGE 1.

PEDESTRIAN/BICYCLIST LOCATION

1. Pedestrian/Bicyclist at Intersection
2. Pedestrian/Bicyclist Not at Intersection

PEDESTRIAN/BICYCLIST ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking Along Highway With Traffic
6. Riding/Walking Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
10. Pushing/Working On Car
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway
14. Not in Roadway (Indicate)

TRAFFIC CONTROL

- | | |
|---------------------|--|
| 1. None | 9. RR Crossing Flashing Light |
| 2. Traffic Signal | 10. RR Crossing Gates |
| 3. Stop Sign | 11. Stopped School Bus-Red Lights Flashing |
| 4. Flashing Light | 12. Construction Work Area |
| 5. Yield Sign | 13. Maintenance Work Area |
| 6. Officer/Guard | 14. Utility Work Area |
| 7. No Passing Zone | 20. Other |
| 8. RR Crossing Sign | |

ROADWAY

- | | |
|--------------------------|-----------------------|
| 1. Straight and Level | 4. Curve and Level |
| 2. Straight and Grade | 5. Curve and Grade |
| 3. Straight at Hillcrest | 6. Curve at Hillcrest |

ROADWAY SURFACE

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 0. Other |

WEATHER

- | | |
|-----------|-----------------------------|
| 1. Clear | 4. Snow |
| 2. Cloudy | 5. Sleet/Hail/Freezing Rain |
| 3. Rain | 6. Fog/Smog/Smoke |
| | 0. Other |

DIRECTION OF TRAVEL



1. North
2. Northeast
3. East
4. Southeast
5. South
6. Southwest
7. West
8. Northwest

PRE-ACCIDENT VEHICLE ACTION

- | | |
|-----------------------------|--------------------------------|
| 1. Going Straight Ahead | 10. Parked |
| 2. Making Right Turn | 11. Avoiding Object in Roadway |
| 3. Making Left Turn | 12. Changing Lanes |
| 4. Making U Turn | 13. Overtaking |
| 5. Starting from Parking | 14. Merging |
| 6. Starting in Traffic | 15. Backing |
| 7. Slowing or Stopping | 16. Making Right Turn on Red |
| 8. Stopped in Traffic | 17. Making Left Turn on Red |
| 9. Entering Parked Position | 20. Other |

TYPE OF ACCIDENT

COLLISION WITH

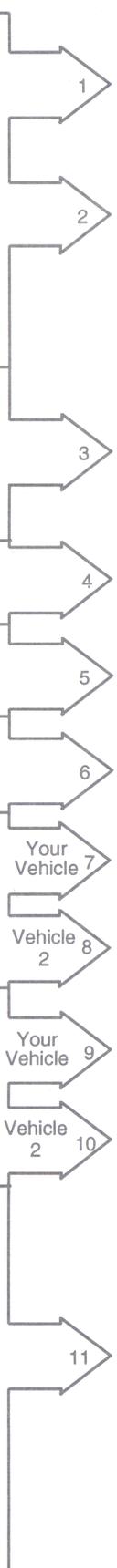
- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 4. Animal |
| 2. Pedestrian | 5. Railroad Train |
| 3. Bicyclist | 6. In-Line Skater |
| | 10. Other Object (Not Fixed) |

COLLISION WITH FIXED OBJECT

- | | |
|--------------------------------|-------------------------------------|
| 11. Light Support/Utility Pole | 20. Culvert/Head Wall |
| 12. Guide Rail - Not At End | 21. Median - Not At End |
| 13. Crash Cushion | 22. Snow Embankment |
| 14. Sign Post | 23. Earth Embankment/Rock Cut/Ditch |
| 15. Tree | 24. Fire hydrant |
| 16. Building/Wall | 25. Guide Rail - End |
| 17. Curbing | 26. Median - End |
| 18. Fence | 27. Barrier |
| 19. Bridge Structure | 30. Other Fixed Object |

NO COLLISION

- | | |
|--------------------|--------------------------|
| 31. Overturned | 33. Submersion |
| 32. Fire/Explosion | 34. Ran Off Roadway Only |
| | 40. Other |



SECTION B

USE TO COMPLETE BOXES 1-11 ON PAGE 1.

PEDESTRIAN/BICYCLIST LOCATION

1. Pedestrian/Bicyclist at Intersection
2. Pedestrian/Bicyclist Not at Intersection

1

PEDESTRIAN/BICYCLIST ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking Along Highway With Traffic
6. Riding/Walking Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
10. Pushing/Working On Car
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway
14. Not in Roadway (Indicate)

2

TRAFFIC CONTROL

- | | |
|---------------------|--|
| 1. None | 9. RR Crossing Flashing Light |
| 2. Traffic Signal | 10. RR Crossing Gates |
| 3. Stop Sign | 11. Stopped School Bus-Red Lights Flashing |
| 4. Flashing Light | 12. Construction Work Area |
| 5. Yield Sign | 13. Maintenance Work Area |
| 6. Officer/Guard | 14. Utility Work Area |
| 7. No Passing Zone | 20. Other |
| 8. RR Crossing Sign | |

3

ROADWAY

- | | |
|--------------------------|-----------------------|
| 1. Straight and Level | 4. Curve and Level |
| 2. Straight and Grade | 5. Curve and Grade |
| 3. Straight at Hillcrest | 6. Curve at Hillcrest |

4

ROADWAY SURFACE

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 0. Other |

5

WEATHER

- | | |
|-----------|-----------------------------|
| 1. Clear | 4. Snow |
| 2. Cloudy | 5. Sleet/Hail/Freezing Rain |
| 3. Rain | 6. Fog/Smog/Smoke |
| | 0. Other |

6

DIRECTION OF TRAVEL



1. North
2. Northeast
3. East
4. Southeast
5. South
6. Southwest
7. West
8. Northwest

Your Vehicle 7

Vehicle 2 8

PRE-ACCIDENT VEHICLE ACTION

- | | |
|-----------------------------|--------------------------------|
| 1. Going Straight Ahead | 10. Parked |
| 2. Making Right Turn | 11. Avoiding Object in Roadway |
| 3. Making Left Turn | 12. Changing Lanes |
| 4. Making U Turn | 13. Overtaking |
| 5. Starting from Parking | 14. Merging |
| 6. Starting in Traffic | 15. Backing |
| 7. Slowing or Stopping | 16. Making Right Turn on Red |
| 8. Stopped in Traffic | 17. Making Left Turn on Red |
| 9. Entering Parked Position | 20. Other |

Your Vehicle 9

Vehicle 2 10

TYPE OF ACCIDENT

COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 4. Animal |
| 2. Pedestrian | 5. Railroad Train |
| 3. Bicyclist | 6. In-Line Skater |
| | 10. Other Object (Not Fixed) |

COLLISION WITH FIXED OBJECT

- | | |
|--------------------------------|-------------------------------------|
| 11. Light Support/Utility Pole | 20. Culvert/Head Wall |
| 12. Guide Rail - Not At End | 21. Median - Not At End |
| 13. Crash Cushion | 22. Snow Embankment |
| 14. Sign Post | 23. Earth Embankment/Rock Cut/Ditch |
| 15. Tree | 24. Fire hydrant |
| 16. Building/Wall | 25. Guide Rail - End |
| 17. Curbing | 26. Median - End |
| 18. Fence | 27. Barrier |
| 19. Bridge Structure | 30. Other Fixed Object |

11

NO COLLISION

- | | |
|--------------------|--------------------------|
| 31. Overturned | 33. Submersion |
| 32. Fire/Explosion | 34. Ran Off Roadway Only |
| | 40. Other |

11

Local Codes

TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (2/98)

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

DRIVER License Number

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

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

STREET OR P.O. BOX CITY STATE ZIP CODE TOTAL AXLES (Includes trailers)

CARRIER'S IDENTIFICATION NUMBERS US DOT ICC MC PLATE NUMBER STATE OF REG.

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

VEHICLE CONFIGURATION 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 TRAFFIC WAY 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

CARGO BODY TYPE 1 Bus 2 Van/enclosed box 3 Cargo tank 4 Flatbed 5 Dump 6 Concrete mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other ACCESS CONTROL 1 No control (unlimited access) 2 Full control (only ramp entry and exit) 3 Other

HAZARDOUS MATERIALS INVOLVEMENT 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

SEQUENCE OF EVENTS (FOR THIS VEHICLE) NON-COLLISION: 01 Ran off road 02 Jackknife 03 Overturn/Rollover 04 Downhill runaway 05 Cargo loss or shift 06 Explosion or fire 07 Separation of units COLLISION WITH: 08 Pedestrian 09 Motor vehicle in transport 10 Parked motor vehicle 11 Train 12 Pedalcycle 13 Animal 14 Fixed object 15 Other object* 16 Other* (non-collision) 17 In-Line Skater

APPARENT DRIVER CONDITION 1 Appeared Normal 2 Had been drinking 3 Illegal drug use 4 Sick 5 Fatigue 6 Asleep 7 Medication 8 Unknown

EXPLANATION:

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

NEW YORK STATE HOSPITAL CODES (Excluding New York City)

ALBANY COUNTY HOSPITALS

Albany Medical Center Hospital - 0101
 Children's Hospital - 0104
 Albany Children's Rehabilitation Center - 0107
 Memorial Hospital - 0103
 St. Peter's Hospital - 0102
 A. Hospital - 0106

ALLEGANY COUNTY HOSPITALS

Albany Memorial Hospital - 0201
 Memorial Hospital of William & Gertrude F. Jones - 0202

BROOME COUNTY HOSPITALS

Binghamton Psychiatric Center - 0305
 Medical Center Division of United Health Services - 0303
 Our Lady of Lourdes Memorial Hospital - 0304
 United Health Services-Binghamton General Hospital Div. - 0301
 United Health Services-Wilson Hospital Division - 0302

CATTARAUGUS COUNTY HOSPITALS

Albany General Hospital - Main - 0401
 Albany General Hospital - West - 0405
 Parkway Primary Care - 0406
 Erie-County Memorial Hospital - 0404

CAYUGA COUNTY HOSPITALS

Albany Memorial Hospital - 0501

CHAUTAUQUA COUNTY HOSPITALS

Brooks Memorial Hospital - 0601
 Jamestown General Hospital - 0602
 Lake Shore Hospital Inc. - 0603
 CA Hospital at Jones Memorial Health Center - 0606
 Westfield Memorial Hospital - 0604
 Romans Christian Association - 0605

CHEMUNG COUNTY HOSPITALS

Mont-Ogden Memorial Hospital - 0701
 St. Joseph's Hospital - 0702

CHENANGO COUNTY HOSPITALS

Chenango Memorial Hospital Inc. - 0801

CLINTON COUNTY HOSPITALS

Champlain Valley Physicians Hospital - 0901
 Gettysburg Air Force Base Hospital - 0903

COLUMBIA COUNTY HOSPITALS

Columbia-Greene Medical Center, Columbia Division - 1001

CORTLAND COUNTY HOSPITALS

Portland Memorial Hospital Inc. - 1101

DELAWARE COUNTY HOSPITALS

Community Hospital - 1201
 Delaware Valley Hospital - 1202
 Margaretville Memorial Hospital - 1203
 Connor Hospital, Division of Bassett Health Care - 1205
 E. Hospital - 1206

DUTCHESS COUNTY HOSPITALS

Highland Hospital - 1304
 Hudson River Psychiatric Center - 1301
 Northern Dutchess Hospital - 1305
 Francis Hospital - 1307
 A. Medical Center, Castle Point - 1302
 Messer Brothers Hospital - 1306

ERIE COUNTY HOSPITALS

Bertrand Chaffee Hospital - 1402
 Booth Memorial Hospital - 1410
 Buffalo Columbus Hospital, Inc. - 1412
 Buffalo General Hospital - 1404
 Buffalo General Hospital - Deaconess Center - 1414
 Buffalo Psychiatric Center - 1421
 Children's Hospital - 1413
 Erie County Medical Center - 1405
 Tonawanda Psychiatric Center - 1407
 Lenox Mercy Hospital - 1416
 Mayette General Hospital - 1417
 Erie Hospital - 1418
 Willard Fillmore Hospital - 1401
 Willard Fillmore Suburban Hospital - 1423
 Our Lady of Victory Hospital - 1408
 Roswell Park Memorial Institute - 1420
 Sheehan Memorial Hospital - 1406
 Sisters of Charity Hospital - 1411
 Sheridan Park Hospital - 1415
 Francis Hospital - 1419
 St. Joseph Hospital of Cheektowaga - 1422
 A. Medical Center - 1403

ESSEX COUNTY HOSPITALS

Adirondack Medical Center - Lake Placid Site - 1504
 Elizabethtown Community Hospital - 1501
 Moses-Ludington Hospital - 1503

FRANKLIN COUNTY HOSPITALS

Adirondack Medical Center - Saranac Lake Site - 1605
 Alice Hyde Memorial Hospital - 1602
 Mercy General Hospital - 1603
 Mount Hope Hospital - 1604
 Johnstown Hospital - 1701
 Nathan Littauer Hospital - 1702

GENESEE COUNTY HOSPITALS

Atavia V. A. Hospital - 1803
 Genesee Memorial Hospital - 1801
 Jerome Hospital - 1802

HERKIMER COUNTY HOSPITALS

Arkimer Memorial Hospital - 2101
 The Falls Hospital - 2102
 Mohawk Valley General Hospital - 2103

JEFFERSON COUNTY HOSPITALS

Camp Drum Hospital - 2205
 Carthage Area Hospital - 2201
 Edward J. Noble Hospital of Alexandria Bay - 2202
 House of the Good Samaritan - 2203
 Mercy Hospital of Watertown - 2204

LEWIS COUNTY HOSPITALS

Lewis County General Hospital - 2401

LIVINGSTON COUNTY HOSPITALS

Dansville Memorial Hospital - 2501
 Mt. Morris Tuberculosis Hospital - 2502
 Nicholas H. Noyes Memorial Hospital - 2503

MADISON COUNTY HOSPITALS

Community Memorial Hospital - 2601
 Oneida City Hospital - 2602

MONROE COUNTY HOSPITALS

Genesee Hospital - 2708
 Highland Hospital - 2701
 Lakeside Memorial Hospital - 2702
 Monroe Community Hospital - 2709
 Park Ridge Hospital - 2703
 Rochester General Hospital - 2704
 Rochester Psychiatric Center - 2707
 St. Mary's Hospital - 2705
 Strong Memorial Hospital - 2706

MONTGOMERY COUNTY HOSPITALS

Amsterdam Memorial Hospital - 2801
 St. Mary's Hospital - 2802

NASSAU COUNTY HOSPITALS

Central General Hospital - 2908
 Franklin General Hospital Medical Center - 2913
 Hempstead General Hospital - 2907
 H.I.P. Hospital of Long Island - 2903
 Long Beach Hospital - 2900
 Long Island Jewish Hillside Medical Center - 2918
 Lydia E. Hall Hospital - 2912
 Massapequa General Hospital - 2917
 Mercy Hospital - 2915
 Mid Island Hospital - 2910
 Nassau County Medical Center - 2909
 North Shore University Hospital - 2901
 North Shore Univ. Hosp. at Glen Cove - 2902
 South Nassau Community Hospital - 2911
 St. Francis Hospital - 2916
 Syosset Community Hospital - 2919
 Winthrop University Hospital - 2905

NIAGARA COUNTY HOSPITALS

Degraff Memorial Hospital - 3101
 Inter-community Memorial Hospital - 3102
 Lockport Memorial Hospital - 3103
 Mount. St. Mary's Hospital - 3104
 Mount View Hospital - 3105
 Niagara Falls Memorial Medical Center - 3106
 Ransomville General Hospital - 3107

ONEIDA COUNTY HOSPITALS

Children's Hospital and Rehabilitation Center - 3201
 Faxon Hospital, Inc. - 3203
 Griffis A.F.B. Hospital - 3209
 Marcy Psychiatric Center - 3202
 Rome Hospital & Murphy Memorial Hospital - 3204
 Rose Hospital - 3206
 St. Elizabeth Hospital - 3207
 St. Luke's Memorial Hospital Center - 3208
 Utica Psychiatric Center - 3205
ONONDAGA COUNTY HOSPITALS
 Community-General Hospital - 3302
 Crouse-Irving Memorial Hospital - 3305
 St. Joseph's Hospital - 3304
 St. Mary's Hospital of Syracuse - 3306
 State University Hospital Upstate Medical Center - 3307
 V.A. Hospital - 3301

ONTARIO COUNTY HOSPITALS

Canandaigua V.A. Hospital - 3401
 Clifton Springs Hospital and Clinic - 3403
 Frederick Ferris Thompson Hospital - 3402
 Geneva General Hospital - Long Term Care - 3404

ORANGE COUNTY HOSPITALS

Arden Hill Hospital - 3505
 Cornwall Hospital - 3506
 Horton Memorial Hospital - 3503
 Middletown Psychiatric Center - 3504
 St. Anthony Community Hospital - 3507
 Mercy Community Hospital of Port Jervis - 3508
 St. Luke's Hospital of Newburgh - 3509
 Tuxedo Memorial Hospital Health Care Center - 3501
 Westpoint Hospital - 3514

ORLEANS COUNTY HOSPITALS

Medina Memorial Hospital - 3602

OSWEGO COUNTY HOSPITALS

A.L. Lee Memorial Hospital - 3701
 Oswego Hospital - 3702

OTSEGO COUNTY HOSPITALS

Aurella Osborn Fox Memorial Hospital - 3801
 Mary Imogene Bassett Hospital - 3803

PUTNAM COUNTY HOSPITALS

Julia L. Butterfield Memorial Hospital - 3901
 Putnam Hospital Center - 3902

RENSSELAER COUNTY HOSPITALS

Leonard Hospital - 4101
 Samaritan Hospital - 4102
 St. Mary's Hospital - 4103

ROCKLAND COUNTY HOSPITALS

Good Samaritan Hospital - 4302
 Helen Hayes Hospital - 4305
 Nyack Hospital - 4303
 N.Y.S. Rehabilitation Hospital - 4304
 Rockland Psychiatric Center - 4301
 Summit Park Hospital - Rockland Co. Infirmary - 4306

ST. LAWRENCE COUNTY HOSPITALS

A. Barton Hepburn Hospital - 4401
 Canton-Potsdam Hospital - 4406
 Clifton Fine Hospital - 4403

ST. LAWRENCE COUNTY HOSPITALS (Cont'd.)

Edward J. Noble Hospital - (Canton) - 4404
 Edward J. Noble Hospital - (Gouverneur) - 4408
 Messina Memorial Center Hospital - 4405
 St. Lawrence Psychiatric Center - 4407

SARATOGA COUNTY HOSPITALS

Adirondack Regional Hospital - 4502
 Benedict Health Center - 4503
 Saratoga Hospital - 4501

SCHENECTADY COUNTY HOSPITALS

Bellevue Maternity Hospital - 4605
 Ellis Hospital - 4603
 St. Clare's Hospital - 4601

SCHOHARIE COUNTY HOSPITALS

Community Hospital of Schoharie County, Inc. - 4701

SCHUYLER COUNTY HOSPITALS

Schuyler Hospital - 4801

SENECA COUNTY HOSPITALS

Seneca Falls Hospital - 4901
 Taylor-Brown Health Care Center and Nursing Home - 4902
 Willard Psychiatric Center - 4903

STEBEN COUNTY HOSPITALS

Bath V.A. Hospital - 5005
 Bethesda Hospital - 5001
 Corning Hospital - 5002
 Ira Davenport Memorial Hospital - 5003
 St. James Mercy Hospital - 5004

SUFFOLK COUNTY HOSPITALS

Brookhaven Memorial Hospital - 5116
 Brunswick Hospital Center - 5111
 Central Islip Psychiatric Center - 5117
 Central Suffolk Hospital - 5101
 Community Hospital of Western Suffolk - 5112
 Eastern Long Island Hospital - 5121
 Good Samaritan Hospital - 5108
 Huntington Hospital - 5104
 J.T. Mather Hospital - 5110
 Kings Park Psychiatric Center - 5113
 Pilgrim Psychiatric Center - 5107
 Southampton Hospital - 5119
 Southside Hospital - 5114
 South Oaks Psychiatric Center - 5109
 St. Charles Hospital - 5122
 St. John's Smithtown Hospital - 5115
 Suffolk State School - 5133
 University Hospital Stony Brook - 5134
 V.A. Medical Center - Northport - 5118

SULLIVAN COUNTY HOSPITALS

Community General Hosp. of Sullivan Co. - G. Herman Div. - 5201
 Community General Hosp. of Sullivan Co. - Harris - 5204

TIOGA COUNTY HOSPITALS

Tioga General Hospital - 5301

TOMPKINS COUNTY HOSPITALS

Robert Packer Hospital - 5402
 Tompkins Community Hospital - 5401
ULSTER COUNTY HOSPITALS
 Benedictine Hospital - 5503
 Ellenville Community Hospital - 5502
 Kingston Hospital - 5501

WARREN COUNTY HOSPITALS

Glens Falls Hospital, Inc. - 5601

WASHINGTON COUNTY HOSPITALS

Emma Laing Stevens Hospital - 5701
 Mary McClellan Hospital - 5702

WAYNE COUNTY HOSPITALS

Lyons Community Hospital - 5802
 Meyers Community Hospital - 5803
 Newark-Wayne Community Hospital, Inc. - 5804

WESTCHESTER COUNTY HOSPITALS

Blythedale Children's Hospital - 5901
 Burke Rehabilitation Center - 5902
 Community Hospital at Dobbs Ferry - 5903
 FDR V.A. Hospital in Montrose - 5911
 Hudson Valley Hospital Center - 5908
 Lawrence Hospital - 5906
 Mount Vernon Hospital - 5920
 New Rochelle Hospital Medical Center - 5923
 Northern Westchester Hospital - 5907
 NY Hospital-Cornell Medical Center-Westchester Div. - 5916
 Phelps Memorial Hospital - 5909
 St. Agnes Hospital - 5919
 St. John's Riverside Hospital - 5910
 St. Joseph's Hospital - 5925
 St. Vincent's Hospital and Medical Center of NY - 5917
 United Hospital - 5912
 Westchester County Medical Center - 5905
 White Plains Hospital - 5913
 Yonkers General Hospital - 5914

WYOMING COUNTY HOSPITALS

Wyoming County Community Hospital - 6001

YATES COUNTY HOSPITALS

Soldiers and Sailors Memorial Hospital - 6101

OUT-OF-STATE

Vermont - 9070
 Massachusetts - 9170
 Canada - 9270
 Connecticut - 9370
 Pennsylvania - 9470
 New Jersey - 9670
 Any Other - 9970

TRUCK/BUS CLASSIFICATION

The table below gives the codes that should be entered on the MV-104A (Police Accident Report) in the box "Vehicle Type". These codes apply to all busses except school busses and all trucks except pick up trucks.

For example, an accident involved vehicle which was a flat bed truck with two axles on the tractor and two on the trailer would be coded G3. Likewise, a New York City transit authority bus would be coded A.

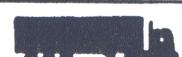
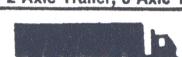
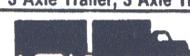
We are also requesting the investigating officer to provide in the "Accident Description/Officer Notes" section the following information about cargo, where applicable.

Was vehicle authorized:

and/or labeled to transport:

- | | |
|---|-------------------------------------|
| 1. Oversize (height and/or width load)? | 3. Flammable/explosive materials? |
| 2. Overweight load? | 4. Poisonous/Corrosive materials? |
| | 5. Radioactive materials? |
| | 6. Other hazardous cargo (explain)? |

TYPE OF VEHICLE

		(1) BOX	(2) TANK	(3) PLATFORM	
					
NUMBER OF AXLES	C	 2 Axle Single Unit	C1	C2	C3
	D	 3 Axle Single Unit	D1	D2	D3
	E	 4 Axle Single Unit	E1	E2	E3
	F	 1 Axle Trailer, 2 Axle Tractor	F1	F2	F3
	G	 2 Axle Trailer, 2 Axle Tractor	G1	G2	G3
	H	 3 Axle Trailer, 3 Axle Tractor	H1	H2	H3
	I	 2 Axle Trailer, 3 Axle Tractor	I1	I2	I3
	J	 3 Axle Trailer, 3 Axle Tractor	J1	J2	J3
	K	 2 Axle Trailer, 3 Axle Truck	K1	K2	K3
	L	 Semi & Trailer, Tractor 5 Axle (Doubles)	L1	L2	L3
	M	 Other Combinations	M1	M2	M3
BUSES	A	TRANSIT BUS	A	A	A
	B	OVER-THE ROAD COACH	B	B	B