MV104A

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION (1)
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION (2)
1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating 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
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate)*

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

LIGHT CONDITIONS (4)
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER (5)
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

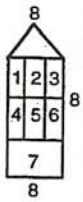
ROADWAY SURFACE CONDITION (6)
1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other*

WEATHER (7)
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*

WHICH VEHICLE OCCUPIED
1. Vehicle No. 1
2. Vehicle No. 2

A. All-Terrain Vehicle (ATV)
B. Bicyclist
I. In-Line Skater
O. Other*
P. Pedestrian
S. Snowmobiler

POSITION IN/ON VEHICLE (9)
1. Driver
2-7. Passengers
8. Riding/Hanging on Outside



SAFETY EQUIPMENT USED (10)
1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
A. Air Bag Deployed/Lap Belt/Harness
B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only

0. Other*

EJECTION FROM VEHICLE (11)
1. Not Ejected
2. Partially Ejected
3. Ejected

AGE (12) | SEX M/F (13)

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT (14)
1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT (15)
1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS (16)
1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN 17 BY | TO 18

New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (–).
If an answer is UNKNOWN, enter an "X".

APPARENT CONTRIBUTING FACTORS

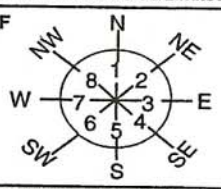
Human
2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distraction*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Other Uninvolved Vehicle
28. Aggressive Driving/Road Rage

Vehicular
41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
60. Other Vehicular*

Environmental
61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

Vehicle 1 (19) | Vehicle 1 (20) | Vehicle 2 (21) | Vehicle 2 (22)

DIRECTION OF VEHICLE: (23, 24)



Vehicle 1 (23) | Vehicle 2 (24)

PRE-ACCIDENT VEHICLE ACTION (25, 26)
1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other*

Vehicle 1 (25) | Vehicle 2 (26)

LOCATION OF FIRST EVENT (27)
1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT -- COLLISION WITH (28, 29, 30)
1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad Train
6. In-Line Skater
7. Deer
8. Other Pedestrian
10. Other Object (Not Fixed)*

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

NO COLLISION
31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

First Event (28) | Vehicle 1 (29) | SECOND EVENT | Vehicle 2 (30)

COVER SHEET **N**

Sample

There are only 3 valid entries for injury code boxes 14, 15 and 16:

1. three dashes (-) meaning "does not apply" because no injury occurred.
2. three X's meaning that an injury did occur but its complete nature is "unknown".
3. three numeric injury codes which individually reflect the LOCATION OF MOST SEVERE PHYSICAL COMPLAINT, the TYPE OF PHYSICAL COMPLAINT and the VICTIM'S PHYSICAL AND EMOTIONAL STATUS.

The injury codes in column 14, the LOCATION OF MOST SEVERE PHYSICAL COMPLAINT, are self-explanatory. Definitions of the injury codes for columns 15 and 16 are as follows:

COLUMN 15 - TYPE OF PHYSICAL COMPLAINT: This column is used to describe the type of physical injury sustained. The following are definitions of the Types of Physical Complaints for Column 15.

1. Amputation — Severed parts.
2. Concussion —Dazed condition as the result of a blow to the head.
3. Internal — No visible injury, but signs of anxiety, internal pain and thirst.
4. Minor Bleeding — Slight discharge of blood.
5. Severe Bleeding — Steady flow of blood that is not controlled.
6. Minor Burn — Reddening of the skin.
7. Moderate Burn — Reddening, blistering of skin over large area.
8. Severe Burn — Reddening, blistering or charring of the skin over a large portion of the body.
9. Fracture — Dislocation, evidence of displacement of bones.
10. Contusion/Bruise — Discoloration.
11. Abrasion — Top layer of skin is scraped.
12. Complaint of pain — No visible injury noted, but victim complains of pain.
13. None Visible — No visible injuries, but victim is other than normal.
14. Whiplash — Complaint of neck and head pain.

Column 16 — VICTIM'S PHYSICAL AND EMOTIONAL STATUS: Column 16 is used to describe the overall condition of the injured person. A victim's status is defined as follows:

1. Apparent Death.
2. Unconscious — Victim unaware of surroundings, and does not respond to verbal or physical stimuli.
3. Semi-conscious — Victim not fully aware of surroundings.
4. Incoherent — Lacking orderly continuity of thought.
5. Shock — Depressed condition of all body functions, resulting from serious injury or incident.
6. Conscious — Normal and aware of surroundings.

COLUMN 17 — INJURED TAKEN BY: The means by which an injured person is transported to a hospital is to be recorded in Column 17. If the vehicle is an ambulance with a New York ambulance license plate, enter the license plate number. For injured persons taken for emergency medical treatment in a vehicle other than an ambulance with a NY ambulance license plate, enter the following codes in column 17:

9992 Helicopter
9993 Unknown Ambulance
9994 Coroner's Van or Municipal Emergency Equip.
9995 Private Vehicle
9996 Invalid Coach (Funeral)
9997 Fire Vehicle
9998 Police Car
9999 Police Ambulance

COLUMN 18 — INJURED TAKEN TO: See the hospital codes on the bleed-through sheet.

For additional information on filling out this form, refer to the Police Accident Report Manual (Form P-33).

Sample

Page ___ of ___ Pages

Local Codes

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (7/01)

☐ AMENDED REPORT

DMV COPY

19

1

Accident Date (Month / Day / Year)	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☐ No

20

VEHICLE 1	☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN
VEHICLE 1 - Driver License ID Number / State of Lic.	VEHICLE 2 - Driver License ID Number / State of Lic.
Driver Name -exactly as printed on license	Driver 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 (Month / Day / Year) / Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐	Date of Birth (Month / Day / Year) / Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐
Name–exactly as printed on registration / Sex / Date of Birth (Month / Day / Year)	Name–exactly as printed on registration / Sex / Date of Birth (Month / Day / Year)
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
Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

21

22

23

24

2

3

4

5

6

7

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.

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

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

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End	Left Turn	Right Angle	Right Turn	Head On
1.	3.		5.	7.
Overtaking	Left Turn		Right Turn	Sideswipe
2.	0.	4.	6.	8.

25

26

ACCIDENT DIAGRAM

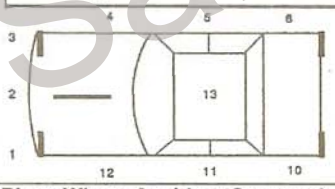
9.

27

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to Determine ☐ Yes ☐ No

28

Reference Marker

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

Place Where Accident Occurred:

County _____ ☐ City ☐ Village ☐ Town of _____

Road on which accident occurred _____ (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

or 2) _____ Feet _____ Miles ☐ N ☐ S ☐ E ☐ W of _____ (Milepost, Nearest intersecting Route Number or Street Name)

29

Accident Description/Officer's Notes

30

USE COVER SHEET N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature / Print Name in Full	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed

Sample