



New York State Department of Motor Vehicles
**POLICE REPORT FOR
 FATAL MOTOR VEHICLE ACCIDENTS**



DMV
 USE

MV-104D (1/99) **3/02**

Page _____ of _____ Pages

Local Code	Accident Date Month Day, Yr.	Time of Accident MILITARY	County	City/Town/Village	No. Killed	No. Vehicles	Work Related <input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____		If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:					
Arrived at Scene _____							
Arrived at 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 1 C L E 1 Driver							
Passenger							
Passenger							
V E H 1 C L E 2 Driver							
Passenger							
Passenger							
V E H 1 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 plate 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 HERE	Officer's Rank and Name	Badge/ID No.	Department	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
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