

New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT
www.dmv.ny.gov

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

Use only for accidents that happen in New York State

DO NOT FORGET ACCIDENT DATE		Page _____ of _____	<input type="checkbox"/> RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT											
Accident Date Month Day Year			Day of Week	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Vehicles	Number Injured	Number Killed	Did police investigate accident at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Name of Police Agency or Precinct & Accident Number					
DRIVER OF VEHICLE 1														
1 DRIVER	Driver License ID Number					State of License		<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN						
	Driver Name—exactly as printed on license (Last, First, M.I.)					Name—exactly as printed on license (Last, First, M.I.)								
	Address (Include Number & Street)					Apt. Number		Address (Include Number & Street)					Apt. Number	
	City or Town			State	Zip Code	City or Town			State	Zip Code				
Date of Birth Month Day Year			Sex	Number of People in Vehicle	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year			Sex	Number of People in Vehicle	Public Property Damaged <input type="checkbox"/>			
2 REGISTRANT	Name—exactly as printed on registration			Date of Birth Month Day Year	Sex	Name—exactly as printed on registration			Date of Birth Month Day Year	Sex				
	Address (Include Number & Street)			Apt. Number		Address (Include Number & Street)			Apt. Number					
	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		
3 VEHICLE DAMAGE	Estimated Cost of Property Damage - Vehicle 1 <input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500					Estimated Cost of Property Damage - Vehicle 2 <input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500								
	Describe damage to vehicle 1		ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9. Number the vehicles. Your vehicle is #1					Left Turn 0. Left Turn 3.	Rear End 1. Right Angle 4.	Sideswipe (same direction) 2. Right Turn 5. Head On 6.	Describe damage to vehicle 2			
	9.													
4 ACCIDENT LOCATION	Place Where Accident Occurred in New York State:													
	County _____		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		of _____		Permanent Landmark _____							
	Road on which accident occurred _____		<input type="checkbox"/>		at <input type="checkbox"/> 1) intersecting street _____		(Route Number or Street Name)							
	at <input type="checkbox"/> 2) _____		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		of _____		(Route Number or Street Name)							
or <input type="checkbox"/> 2) _____		Feet _____	Miles _____			(Milepost, Nearest intersecting Route Number or Street Name)								
How did the accident happen? _____														
5 ALL INVOLVED	Names of All Persons Involved		8. Which Veh. Occupied	9. Position in/on Vehicle	10. Safety Equip.Used	12. Age	13. Sex	16. Injury A B C	Describe Injuries			If Deceased, Enter Date of Death		
6 INSURANCE	Identify Damaged Property Other Than Vehicle(s)											VIN		
	Name of Insurance Company That Issued Policy For Vehicle 1											Policy Number		
	Name and Address of Policy Holder											Policy Period From _____ To _____		
	If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.		Name and Address of Permit Holder									and State _____		
If Self-Insured, give Certificate No.														
Date		Print Name of Driver (or Representative*) of Vehicle 1		Signature of Driver (or Representative*) of Vehicle 1										

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. Injury Death

An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.

SECTION A

You must report within 10 days any accident occurring in New York State causing a fatality, personal injury or damage over \$1,000 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.**

Then fill in the boxes numbered 1-7 and 23-30 in the right margin on page 1 by entering the number of the item from Section B that best describes the circumstances of the accident. If a question does not apply, enter a dash ("-"). If you do not know an answer, enter an "X".

INSTRUCTIONS - PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK
 * First — fold along this shaded, dotted line. *

* 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.

VEHICLE INVOLVEMENT - If you were in an accident involving:

- **two-cars**, enter your information in the **VEHICLE 1** section and the other driver's information in the **VEHICLE 2** section.
- **a pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for Vehicle 2, and check the **PEDESTRIAN, BICYCLIST** or **OTHER PEDESTRIAN** box.
- **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, registrant and vehicle information in the space provided for **VEHICLE 2**.
- **an unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the **VEHICLE 2** block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked **VEHICLE 1** and mark it # 3. Use the space marked **VEHICLE 2** for the fourth vehicle, and mark it # 4 and so on. Additional forms are available at any Motor Vehicles office or from the DMV website: www.dmv.ny.gov.

1 DRIVER - Enter the information for each driver EXACTLY as it appears on the driver license.

2 REGISTRANT - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.

3 VEHICLE DAMAGE - Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.

4 ACCIDENT LOCATION - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street. If available, identify a **permanent landmark** nearby, such as a business, school, shopping mall, parking lot, water tower, railroad, mountain or cell tower.

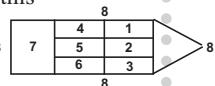
5 ALL INVOLVED - List the names of all persons involved in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than four people are involved, complete another report. In the **ALL INVOLVED** section of that report, provide the required information for everyone else involved in the accident. Enter the following codes in the appropriate columns:

WHICH VEHICLE OCCUPIED (Column 8) - Enter the appropriate number or letter.

1. Vehicle 1 2. Vehicle 2 B. Bicyclist P. Pedestrian O. Other Pedestrian

POSITION IN/ON VEHICLE (Column 9) - Enter the number from this diagram which corresponds to each person's position.

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



SAFETY EQUIPMENT USED (Column 10)

1. None	7. Air Bag Deployed	In-Line Skater/Bicyclist
2. Lap Belt	8. Air Bag Deployed/Lap Belt	
3. Shoulder Restraint	9. Air Bag Deployed/Shoulder Restraint	C. Helmet Only
4. Lap Belt Restraint	A. Air Bag Deployed/ Lap Belt/Restraint	D. Helmet/Other
5. Child Restraint Only	B. Air Bag Deployed/Child Restraint	E. Pads Only
6. Helmet (Motorcycle Only)	O. Other	F. Stoppers Only

INJURY (Columns 16A-C) - Check all column(s) that apply and DESCRIBE INJURIES:

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), whiplash (complaint of neck and head pain).

6 INSURANCE - Enter damage to private property, if any, insurance policy information and VIN.

Attach additional reports to page one. Each page of the report must be numbered in the upper left 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 THE DRIVER IS UNABLE TO SIGN BECAUSE THE DRIVER IS INJURED OR DECEASED.**

Send original to: CRASH RECORDS CENTER
 6 EMPIRE STATE PLAZA
 PO BOX 2925
 ALBANY NY 12220-0925

SECTION B

USE TO COMPLETE

BOXES 1-7 and 23-30 ON PAGE 1

Be sure your answers are marked

INSIDE THE BOXES ON PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection

2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

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

TRAFFIC CONTROL

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

1. Daylight 3. Dusk 5. Dark-Road Unlighted

2. Dawn 4. Dark-Road Lighted

ROADWAY CHARACTER

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 CONDITION

1. Dry 3. Muddy 5. Slush 0. Other

2. Wet 4. Snow/Ice 6. Flooded

WEATHER

2. Cloudy 5. Sleet/Hail/Freezing Rain

3. Rain 6. Fog/Smog/Smoke

4. Snow 0. Other

DIRECTION OF TRAVEL



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead 11. Avoiding Object in Roadway

2. Making Right Turn 12. Changing Lanes

3. Making Left Turn 13. Passing

4. Making U Turn 14. Merging

5. Starting from Parking 15. Backing

6. Starting in Traffic 16. Making Right Turn on Red

7. Slowing or Stopping 17. Making Left Turn on Red

8. Stopped in Traffic 18. Police Pursuit

9. Entering Parked Position 20. Other

10. Parked

LOCATION OF FIRST EVENT

1. On Roadway 2. Off Roadway

TYPE OF ACCIDENT

COLLISION WITH

1. Other Motor Vehicle 6. In-Line Skater

2. Pedestrian 7. Deer

3. Bicyclist 8. Other Pedestrian

4. Animal 10. Other Object (Not Fixed)

5. Railroad Train

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole 21. Median - Not At End

12. Guide Rail - Not At End 22. Snow Embankment

13. Crash Cushion 23. Earth Embankment/ Rock Cut/Ditch

14. Sign Post 24. Fire hydrant

15. Tree 25. Guide Rail - End

16. Building/Wall 26. Median - End

17. Curbing 27. Barrier

18. Fence 30. Other Fixed Object

19. Bridge Structure

20. Culvert/Head Wall

NO COLLISION

31. Overturned 33. Submersion

32. Fire/Explosion 34. Ran Off Roadway Only

40. Other

First Event

Second Event

Veh. 1 29

Veh. 2 30