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Use only for accidents that
happen in New York StateNew 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

DO NOT FORGET ACCIDENT DATE		Page _____ of _____		<input type="checkbox"/> RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT										1																																				
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	DRIVER OF VEHICLE 1										<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN				2																																			
	Driver License ID Number					State of License					Driver License ID Number					State of License																																		
	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														
REGISTRANT	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"/>					3									
	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					4									
	Plate Number					State of Reg.					Vehicle Year & Make					Vehicle Type					Ins. Code					Plate Number					State of Reg.					Vehicle Year & Make					Vehicle Type					Ins. Code				
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										6																													
	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										Describe damage to vehicle 2																																		
	9.					Left Turn					Rear End					Sideswipe (same direction)																																		
						Left Turn					Right Angle					Right Turn																																		
						Right Turn					Head On					Sideswipe (opposite direction)																																		
ACCIDENT LOCATION	Place Where Accident Occurred in New York State:															23																																		
	County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Permanent Landmark _____																																																	
	Road on which accident occurred _____ (Route Number or Street Name)																																																	
	at <input type="checkbox"/> 1) intersecting street _____ (Route Number or Street Name)															24																																		
	or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)															25																																		
ALL INVOLVED	How did the accident happen?															26																																		
	8. Which Veh. Occupied																																																	
	9. Position in/on Vehicle																																																	
	10. Safety Equip. Used																																																	
	12. Age																																																	
INSURANCE	13. Sex																																																	
	16. Injury A B C																																																	
	Describe Injuries																																																	
	If Deceased, Enter Date of Death																																																	
	Identify Damaged Property Other Than Vehicle(s)																																																	
INSURANCE	Name of Insurance Company That Issued Policy For Vehicle 1																																																	
	Name and Address of Policy Holder																																																	
	If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.																																																	
	Name and Address of Permit Holder																																																	
	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.																																																		
<input type="checkbox"/> Injury <input type="checkbox"/> 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.

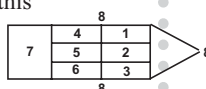
- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000 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 |
| 2. Lap Belt | 8. Air Bag Deployed/Lap Belt |
| 3. Shoulder Restraint | 9. Air Bag Deployed/Shoulder Restraint |
| 4. Lap Belt Restraint | A. Air Bag Deployed/ Lap Belt/Restraint |
| 5. Child Restraint Only | B. Air Bag Deployed/Child Restraint |
| 6. Helmet (Motorcycle Only) | O. Other |

In-Line Skater/Bicyclist

- | |
|------------------|
| C. Helmet Only |
| D. Helmet/Other |
| E. Pads Only |
| 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 HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE 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

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

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

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

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

DIRECTION OF TRAVEL

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

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 |