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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 OF VEHICLE 1																																																												
<div style="display: flex; justify-content: space-between;"> <div> 1 DRIVER Driver License ID Number Driver Name—exactly as printed on license (Last, First, M.I.) Address (Include Number & Street) City or Town State Zip Code Date of Birth Month Day Year Sex Number of People in Vehicle Public Property Damaged <input type="checkbox"/> </div> <div> <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN Driver License ID Number Name—exactly as printed on license (Last, First, M.I.) Address (Include Number & Street) City or Town State Zip Code Date of Birth Month Day Year Sex Number of People in Vehicle Public Property Damaged <input type="checkbox"/> </div> </div>															2																																													
<div style="display: flex; justify-content: space-between;"> <div> 2 REGISTRANT Name—exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code </div> <div> Name—exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code </div> </div>															3																																													
<div style="display: flex; justify-content: space-between;"> <div> 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 Describe damage to vehicle 1 </div> <div> 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 <div style="display: flex; justify-content: space-around;"> <div> Left Turn 0. Left Turn 3. Right Turn 6. </div> <div> Rear End 1. Right Angle 4. Head On 7. </div> <div> Sideswipe (same direction) 2. Right Turn 5. Sideswipe (opposite direction) 8. </div> </div> </div> </div> <div>Describe damage to vehicle 2</div>															4																																													
4 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 _____ (Route Number or Street Name) at <input type="checkbox"/> 1) intersecting street _____ (Route Number or Street Name) 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) Feet Miles How did the accident happen? _____															5																																													
5 ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Names of All Persons Involved</th> <th style="width:10%;">8. Which Veh. Occupied</th> <th style="width:10%;">9. Position in/on Vehicle</th> <th style="width:10%;">10. Safety Equip. Used</th> <th style="width:10%;">12. Age</th> <th style="width:10%;">13. Sex</th> <th style="width:10%;">16. Injury A B C</th> <th style="width:20%;">Describe Injuries</th> <th style="width:15%;">If Deceased, Enter Date of Death</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>															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
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6 INSURANCE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Identify Damaged Property Other Than Vehicle(s)</td> <td style="width:40%;">VIN</td> </tr> <tr> <td>Name of Insurance Company That Issued Policy For Vehicle 1</td> <td>Policy Number</td> </tr> <tr> <td>Name and Address of Policy Holder</td> <td>Policy Period From To</td> </tr> <tr> <td colspan="2">If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.</td> </tr> <tr> <td colspan="2">Name and Address of Permit Holder</td> </tr> <tr> <td colspan="2">If Self-Insured, give Certificate No.</td> </tr> </table>															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		If Self-Insured, give Certificate No.		7																																	
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23 Date Print Name of Driver (or Representative*) of Vehicle 1 Signature of Driver (or Representative*) of Vehicle 1															23																																													
* 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															24																																													
25 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.															25																																													
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