

MV104AN

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 (Indicate)* TRAFFIC CONTROL 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 1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted ROADWAY CHARACTER 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 1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 6. Flooded 0. Other* WEATHER 1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other*	APPARENT CONTRIBUTING FACTORS Human 2. Alcohol Involvement 3. Backing Unsafely* 4. Driver Inattention/Distracted* 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	<div style="text-align: center;"> Vehicle 19 Vehicle 20 Vehicle 21 Vehicle 22 Vehicle 23 Vehicle 24 Vehicle 25 Vehicle 26 Vehicle 27 Vehicle 28 Vehicle 29 Vehicle 30 </div>
New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104AN (7/01) *EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-). If an answer is UNKNOWN, enter an "X".		
WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other* 2. Vehicle No. 2 B. Bicyclist P. Pedestrian I. In-Line Skater S. Snowmobiler POSITION IN/ON VEHICLE 1. Driver 2-7. Passengers 8. Riding/Hanging on Outside SAFETY EQUIPMENT USED 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*	LOCATION OF MOST SEVERE PHYSICAL COMPLAINT 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 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 1. Apparent Death 2. Unconscious 3. Semiconscious 4. Incoherent 5. Shocked 6. Conscious	DIRECTION OF VEHICLE: PRE-ACCIDENT VEHICLE ACTION 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* 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 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*
INJURED TAKEN 17 BY TO 18		

COVER SHEET

Bronx County Hospitals

Bronx Municipal Hospital Center - 7003
 Bronx Psychiatric Center - 7004
 Bronx V.A. Hospital - 7005
 Calvary Hospital Inc. - 7006
 Lincoln Hospital and Medical Health Center - 7010
 Our Lady of Mercy Medical Center - 7011
 Montefiore Hospital and Medical Center - 7012
 North Central Bronx Hospital - 7026
 Our Lady of Mercy Medical Center Durso Pavilion - 7016
 Prospect Hospital After Care - 7017
 St. Barnabas Hospital - 7019
 The Bronx-Lebanon Hospital Center Concourse Division - 7020
 The Bronx-Lebanon Hospital Center Fulton Division - 7021
 Montefiore Hosp. J. D. Weiler Hosp. of A. Einstein Coll. of Med. - 7022
 Union Hospital - 7023
 Westchester Square Hospital - 7025
 Montefiore Center, Henry and Lucy Moses Division - 7026

Kings County Hospitals

Baptist Medical Center of New York - 7141
 Brookdale Hospital Center - 7103
 Brooklyn Hospital Center Downtown Campus - 7105
 Brooklyn V.A. Hospital - 7107
 Brooklyn Hospital Center Caledonian Campus - 7108
 Carson C. Peck Memorial Hospital - 7109
 Community Hospital of Brooklyn - 7110
 Coney Island Hospital - 7111
 Flatbush General Hospital - 7113
 Hospital of the Holy Family Division of Catholic Med. Ctr. - 7115
 Jewish Hospital and Medical Center - 7118
 Kings County Hospital Center - 7119
 Kings Highway Hospital - 7120
 Kingsbrook Jewish Medical Center - 7121
 Long Island College Hospital - 7124
 Lutheran Medical Center - 7126
 Maimonides Medical Center - 7127
 Methodist Hospital of Brooklyn - 7128
 St. John's Interfaith Medical Center - 7132
 St. Mary's Hospital of Brooklyn - 7133
 State University Hospital Downstate Medical Center - 7134
 Victory Memorial Hospital - 7137
 Wyckoff Heights Medical Center - 7139
 Woodhull Medical and Mental Health Center - 7142
 University Hospital of Brooklyn - 7143
 Wyckoff Heights Med. Ctr. Jackson Heights Division - 7144

Queens County Hospitals

Astoria General Hospital - 7301
 Booth Memorial Medical Center - 7302
 Boulevard Hospital - 7303
 Catholic Medical Center - Brooklyn-Queens, Inc. 7304
 City Hospital Center at Elmhurst (Satellite) - 7305
 Creedmore Psychiatric Center - 7306
 Deepdale General Hospital - 7307
 Flushing Hospital and Medical Center - 7308
 Catholic Medical Center-Brooklyn-Queens, Inc. St. Joseph's Hospital Div. - 7309
 H.I.P. Hospital, Inc. - 7310
 Jamaica Hospital - 7311
 Long Island Jewish-Hillside Medical Center - 7314
 Mary Immaculate Hospital Div. of Cath. Med. Ctr., Brooklyn-Queens - 7315
 Parkway Hospital - 7316
 Parsons Hospital - 7317
 Peninsula Hospital Center - 7318
 Physician's Hospital - 7319
 Queens Hospital Center - 7321
 St. John's Episcopal Hospital South Shore Div. - 7322
 St. Albans Naval Hospital - 7323
 St. John's Queen Hospital Div. of Cath. Med. Ctr., Brooklyn-Queens - 7324
 St. Mary's Hospital for Children - 7325
 Laguardia Hospital - 7326

Richmond County Hospitals

Bayley Seton Hospital - 7408
 Doctor's Hospital of Staten Island - 7401
 Richmond Memorial Hospital and Health Center - 7402
 Sea View Hospital and Home - 7403
 St. Vincent's Medical Center of Richmond - 7404
 Staten Island Hospital - The Urgent Care Center - 7405
 U.S. Public Health Service Hospital (Marine Hospital) - 7406
 Staten Island University Hospital - North - 7409
 Staten Island University Hospital - South - 7410

New York County Hospitals

New York Downtown Hospital - 7201
 Bellevue Hospital Center - 7202
 Beth Israel Medical Center - 7203
 Coler Memorial Hospital - 7204
 Cabrini Medical Center - 7258
 Columbia-Presbyterian Medical Center - 7205
 Doctors Hospital - 7208
 Flower and Fifth Avenue Hospital - 7209
 Goldwater Memorial Hospital - 7212
 Harlem Hospital Center - 7215
 Hospital for Joint Diseases - 7216
 Hospital for Special Surgery - 7218
 Joint Diseases North General Hospital - 7259
 Lenox Hill Hospital - 7223
 Manhattan Eye, Ear and Throat Hospital - 7226
 Manhattan State Hospital - 7227
 Manhattan V.A. Hospital - 7228
 Medical Arts Center Hospital - 7229
 Memorial Hospital for Cancer & Allied Diseases - 7230
 Metropolitan Hospital Center - 7231
 Mount Sinai Hospital - 7233
 New York Hospital - 7234
 New York Eye and Ear Infirmary - 7237
 New York Infirmary - 7239
 New York University Medical Center - 7241
 Rockefeller University Hospital - 7246
 St. Luke's Roosevelt Hospital Center - 7247
 Saint Clare's Hospital and Health Center - 7249
 St. Luke's Hospital Center - 7251
 St. Vincent's Hospital and Medical Center - 7252
 Presbyterian Hospital in NYC A. Pavilion Division - 7260
 Presbyterian Hospital in the City of New York - 7261

Westchester County Hospitals

Blythedale Children's Hospital - 5901
 Burke Rehabilitation Center - 5902
 NY Hospital Cornell Medical Center, Westchester Division - 5916
 Community Hospital at Dobbs Ferry - 5903
 FDR V.A. Hospital in Montrose - 5911
 Westchester County Medical Center - 5905
 Lawrence Hospital - 5906
 Mount Vernon Hospital - 5920
 New Rochelle Hospital Medical Center - 5923
 Northern Westchester Hospital - 5907
 Hudson Valley Hospital Center - 5908
 Phelps Memorial Hospital - 5909
 St. Agnes Hospital - 5919
 St. John's Riverside Hospital - 5910
 St. Joseph's Hospital - 5925
 St. Vincent's Hospital and Medical Center of NY - 5917
 United Hospital - 5912
 White Plains Hospital - 5913
 Yonkers General Hospital - 5914

Nassau County Hospitals

Central General Hospital - 2908
 North Shore University Hospital at Glen Cove - 2902
 Franklin General Hospital Medical Center - 2913
 H.I.P. Hospital of Long Island - 2903
 Hempstead General Hospital - 2907
 Long Island Jewish Hillside Medical Center - 2918
 Long Beach Hospital - 2900
 Lydia E. Hall Hospital - 2912
 Massapequa General Hospital - 2917
 Mercy Medical Center - 2915
 Mid Island Hospital - 2910
 Winthrop University Hospital - 2905
 Nassau County Medical Center - 2909
 North Shore University Hospital - 2901
 South Nassau Community Hospital - 2911
 St. Francis Hospital - 2916
 Syosset Community Hospital - 2919

Any New Jersey Hospital - 9670

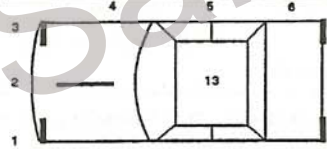
POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/01)

Precinct

Accident No.

Complaint
Number☐ AMENDED REPORT

1	Accident Date Month Day Year		Day of Week		Military Time		No. of Vehicles		No. Injured		No. Killed		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No								
VEHICLE 1																		<input type="checkbox"/> VEHICLE 2		<input type="checkbox"/> BICYCLIST		<input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> OTHER PEDESTRIAN	
2	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							
3	Date of Birth Month Day Year		Sex		Unlicensed <input type="checkbox"/>		No. of Occupants		Public Property Damaged <input type="checkbox"/>		Date of Birth Month Day Year		Sex		Unlicensed <input type="checkbox"/>		No. of Occupants		Public Property Damaged <input type="checkbox"/>						
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 <input type="checkbox"/>		Address (Include Number & Street)						Apt. No.		Haz. Mat. Code		Released <input type="checkbox"/>			
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							
5	Ticket/Arrest Number(s)						Ticket/Arrest Number(s)																		
Violation Section(s)						Violation Section(s)																			
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.												
VEHICLE 1 DAMAGE CODES						VEHICLE 2 DAMAGE CODES						ACCIDENT DIAGRAM													
Box 1 - Point of Impact						Box 1 - Point of Impact						1. Rear End						3. Left Turn		Right Angle		5. Right Turn		7. Head On	
Box 2 - Most Damage						Box 2 - Most Damage						2. Overtaking						4. Left Turn		6. Right Turn		8. Sideswipe			
Enter up to three more Damage Codes						Enter up to three more Damage Codes						9.													
Vehicle By Towed: To						Vehicle By Towed: To						Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No													
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																									
Reference Marker		Coordinates (if available)		Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND																					
		Latitude/Northing:		Road on which accident occurred _____ (Route Number or Street Name)																					
		Longitude/Easting:		at 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)																					
Accident Description/Officer's Notes																									
ALL INVOLVED																									
8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only																									
Officer's Rank and Signature																									
Print Name in Full																									
Tax ID No. NCIC No. Precinct Post/Sector Reviewing Officer Date/Time Reviewed																									
03030																									

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name			First			M.I.			D Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)								
Month	Day	Year	()			Month	Day	Year	()								
B Last Name			First			M.I.			E Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)								
Month	Day	Year	()			Month	Day	Year	()								
C Last Name			First			M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: <div style="float:right">Shield No.</div>								
Address																	
Date of Birth			Telephone (Area Code)														
Month	Day	Year	()														

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 _____	Vehicle No.2 _____
Expiration Date _____	Expiration Date _____
VIN _____	VIN _____

WITNESS (Attach separate sheet, if necessary)

Name _____	Address _____	Phone _____

DUPLICATE COPY REQUIRED FOR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles
(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division
(P.D. vehicle involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.
(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency
(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller
(if a City vehicle involved) | <input type="checkbox"/> Personnel Safety Unit
(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit _____ | |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)**OWNER OF PROPERTY (include city agency, where applicable)**

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IF NYPD VEHICLE IS INVOLVED:

Police Vehicle—Operator's First Name		Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.		Assigned To What Command	
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights							

ACTIONS OF POLICE VEHICLE

- | | |
|--|---|
| <input type="checkbox"/> Responding to Code Signal _____ | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator | <input type="checkbox"/> Routine Patrol |
| <input type="checkbox"/> Other (Describe) _____ | |