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

Use only for accidents that happen in New York State

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

DO NOT FORGET ACCIDENT DATE ↓ Page _____ of _____ 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
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DRIVER

DRIVER OF VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN			
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			
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"/>

REGISTRANT

Name—exactly as printed on registration				Name—exactly as printed on registration					
Date of Birth Month Day Year				Date of Birth Month Day Year					
Sex				Sex					
Address (Include Number & Street)				Address (Include Number & Street)					
Apt. Number				Apt. Number					
City or Town				City or Town					
State Zip Code				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

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					Describe damage to vehicle 2	
	0. Left Turn	1. Rear End	2. Sideswipe (same direction)				
	3. Left Turn	4. Right Angle	5. Right Turn				
	6. Right Turn	7. Head On	8. Sideswipe (opposite direction)				
	9.						

ACCIDENT LOCATION

Place Where Accident Occurred in New York State:

County _____ City Village Town of _____ Permanent Landmark _____

Road on which accident occurred _____ (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

or 2) _____ N S E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Feet Miles

How did the accident happen?

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			Describe Injuries	If Deceased, Enter Date of Death
						A	B	C		

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
If Self-Insured, give Certificate No.	and State

Date	Print Name of Driver (or Representative*) of Vehicle 1	Signature of Driver (or Representative*) of Vehicle 1
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* 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.

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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.

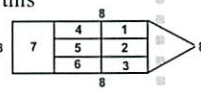
- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000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

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 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION	PAGE 1
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection	1
PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION	2
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	2
TRAFFIC CONTROL	3
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	3
LIGHT CONDITIONS	4
1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted	4
ROADWAY CHARACTER	5
1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest	5
ROADWAY SURFACE CONDITION	6
1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 6. Flooded 0. Other	6
WEATHER	7
1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other	7
DIRECTION OF TRAVEL	Veh. 23
 1. North 2. Northeast 3. East 4. Southeast 5. South 6. Southwest 7. West 8. Northwest	Veh. 24
PRE-ACCIDENT VEHICLE ACTION	Veh. 1 25
1. Going Straight Ahead 2. Making Right Turn 3. Making Left Turn 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 16. Making Right Turn on Red 17. Making Left Turn on Red 18. Police Pursuit 20. Other	Veh. 2 26
LOCATION OF FIRST EVENT	27
1. On Roadway 2. Off Roadway	
TYPE OF ACCIDENT	First Event 28
COLLISION WITH 1. Other Motor Vehicle 2. Pedestrian 3. Bicyclist 4. Animal 5. Railroad Train 6. In-Line Skater 7. Deer 8. Other Pedestrian 10. Other Object (Not Fixed)	
COLLISION WITH FIXED OBJECT 11. Light Support/Utility Pole 12. Guide Rail - Not At 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 22. Snow Embankment 23. Earth Embankment/Rock Cut/Ditch 24. Fire hydrant 25. Guide Rail - End 26. Median - End 27. Barrier 30. Other Fixed Object	Veh. 1 29 Second Event Veh. 2 30
NO COLLISION 31. Overturned 32. Fire/Explosion 33. Submersion 34. Ran Off Roadway Only 40. Other	