

HOW TO READ YOUR NEW YORK STATE POLICE ACCIDENT REPORT

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Local Codes:

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)
☐ AMENDED REPORT ☒ DMV COPY

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1. Accident Date: Month Day Year City of Accident: Military Time: No. of Vehicles: No. Injured: No. Killed: Not Investigated at Scene: ☐ Lat. Scene: ☐ Police Parties: ☐ Yes ☐ No
Accident Reconstructed: ☐ Accident Reconstructed: ☐ Other Pedestrian: ☐ Yes ☐ No

2. VEHICLE 1 - Driver: State of Lic.: VEHICLE 2 - Driver: State of Lic.:
License ID Number: Driver Name - exactly as printed on license: 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: Unemployed: ☐ No. of Occupants: Public Property Damaged: ☐ Date of Birth: Month Day Year Sex: Unemployed: ☐ No. of Occupants: Public Property Damaged: ☐ Date of Birth: Month Day Year Sex: Unemployed: ☐ No. of Occupants: Public Property Damaged: ☐

4. Address (Include Number & Street): Apt. No.: City or Town: State: Zip Code: Address (Include Number & Street): Apt. No.: City or Town: State: Zip Code:

5. Plate Number: State of Reg.: Vehicle Year & Make: Vehicle Type: Ins. Code: Plate Number: State of Reg.: Vehicle Year & Make: Vehicle Type: Ins. Code:

6. Total Annual Mileage: Total Annual Mileage:

7. Check if involved vehicle is:
☐ more than 25 inches wide,
☐ more than 24 feet long,
☐ operated with an overweight permit,
☐ operated with an overdimension permit.

8. Check if involved vehicle is:
☐ more than 25 inches wide,
☐ more than 24 feet long,
☐ operated with an overweight permit,
☐ operated with an overdimension permit.

9. Check if involved vehicle is:
☐ more than 25 inches wide,
☐ more than 24 feet long,
☐ operated with an overweight permit,
☐ operated with an overdimension permit.

10. VEHICLE 1 DAMAGE CODES: VEHICLE 2 DAMAGE CODES:

11. Box 1 - Point of Impact Box 2 - Most Damage Box 3 - Most Damage Box 4 - Most Damage Box 5 - Most Damage

12. Box 1 - Point of Impact Box 2 - Most Damage Box 3 - Most Damage Box 4 - Most Damage Box 5 - Most Damage

13. Box 1 - Point of Impact Box 2 - Most Damage Box 3 - Most Damage Box 4 - Most Damage Box 5 - Most Damage

14. UNDERCARRIAGE 17. DEMOLISHED 18. NO DAMAGE 19. OTHER

15. TRAILER 16. OVERTURNED

16. Cost of repair to any one vehicle will be more than \$1000.
☐ Unknown/Unable to Determine ☐ Yes ☐ No

17. Reference Marker: Coordinates (if available): Latitude/Northing: Longitude/Easting:

18. Place Where Accident Occurred: County: City: Village: Town:
Road on which accident occurred: (Route Number or Street Name)
at (1) Intersecting street: (Route Number or Street Name)
or (2) (Route Number or Street Name)
at (3) (Route Number or Street Name)

19. Accident Description/Officer's Notes:

20. Officer's Name and Signature: Badge/ID No.: MDC No.: Precinct/Post/Zone: Station/Beat/Block: Reviewing Officer: Date/Time Reviewed:

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Anchorage Police Accident Report

Shelter Somerset

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the 'Shelter Somerset' text.

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