

POLICE ACCIDENT REPORT (NYC)

MV-104AN (5/04)

Princt: _____
 Accident No. _____

Complaint Number _____

AMENDED REPORT

Accident Date: Month _____ Day _____ Year _____ Day of Week _____ Military Time _____
 No. of Vehicles _____ No. Injured _____ No. Killed _____
 Not Investigated at Scene Left Scene Police Photos Yes No
 Reconstructed

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number **Operator** State of Lic. _____ VEHICLE 2 - Driver License ID Number **Operator** State of Lic. _____

Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____
 City or Town _____ State _____ Zip Code _____

Date of Birth: Month _____ Day _____ Year _____ Sex _____ Unlicensed No. of Occupants _____ Public Property Damaged

Name - exactly as printed on registration **Owner** Sex _____ Date of Birth: Month _____ Day _____ Year _____

Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released

City or Town _____ State _____ Zip Code _____

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

Ticket/Arrest Number(s) **Insurance Code** Violation Section(s) _____

Ticket/Arrest Number(s) **Insurance Code** Violation Section(s) _____

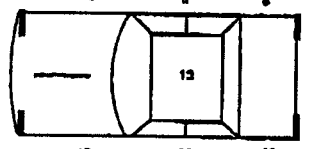
Check if involved vehicle is:
 more than 95 inches wide;
 more than 34 feet long;
 operated with an overweight permit;
 operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES
 Box 1 - Point of Impact _____ 1 _____ 2 _____
 Box 2 - Most Damage _____
 Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____

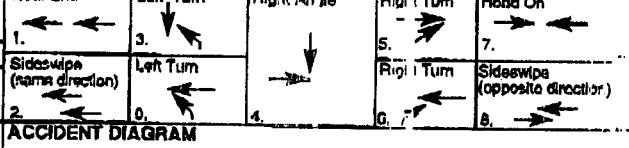
VEHICLE 2 DAMAGE CODES
 Box 1 - Point of Impact _____ 1 _____ 2 _____
 Box 2 - Most Damage _____
 Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____

Vehicle By Towed: _____ To _____

VEHICLE DAMAGE CODING:
 1-13. SEE DIAGRAM ON RIGHT,
 14. UNDERCARRIAGE 17. DEMOLISHED
 15. TRAILER 18. NO DAMAGE
 16. OVERTURNED 19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.



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

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

Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND

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)

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

Accident Description/Officer's Notes _____

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature _____ Tax ID No. _____ NCIC No. **03000** Precinct _____ Post/Sector _____ Reviewing Officer _____ Date/Time Reviewed _____
 Print Name _____