

FOLD → ← HERE

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

Form sections: DRIVER OF VEHICLE 1, DRIVER OF VEHICLE 2, REGISTRANT, VEHICLE DAMAGE, ACCIDENT LOCATION, ALL INVOLVED, INSURANCE. Includes fields for license numbers, addresses, birth dates, damage descriptions, and accident details.

* 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.
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.

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
2. Lap Belt 8. Air Bag Deployed/Lap Belt
3. Shoulder Restraint 9. Air Bag Deployed/Shoulder Restraint
4. Lap Belt Restraint A. Air Bag Deployed/ Lap Belt/Restraint
5. Child Restraint Only B. Air Bag Deployed/Child Restraint
6. Helmet (Motorcycle Only) O. Other
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only

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		1
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection		
PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION		1 2 3 4 5 6 7 8 9 10 11 12 13 14
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		
TRAFFIC CONTROL		3 4
1. None	10. RR Crossing Gates	
2. Traffic Signal	11. Stopped School Bus-Red Lights Flashing	
3. Stop Sign	12. Construction Work Area	
4. Flashing Light	13. Maintenance Work Area	
5. Yield Sign	14. Utility Work Area	
6. Officer/Guard	15. Police/Fire Emergency	
7. No Passing Zone	16. School Zone	
8. RR Crossing Sign	20. Other	
9. RR Crossing Flashing Light		
LIGHT CONDITIONS		4
1. Daylight	3. Dusk	
2. Dawn	4. Dark-Road Lighted	5. Dark-Road Unlighted
ROADWAY CHARACTER		5
1. Straight and Level	4. Curve and Level	
2. Straight and Grade	5. Curve and Grade	
3. Straight at Hillcrest	6. Curve at Hillcrest	
ROADWAY SURFACE CONDITION		6
1. Dry	3. Muddy	
2. Wet	4. Snow/Ice	
5. Slush	0. Other	
6. Flooded		
WEATHER		7
1. Clear	2. Cloudy	
3. Rain	5. Sleet/Hail/Freezing Rain	
4. Snow	6. Fog/Smog/Smoke	
DIRECTION OF TRAVEL		Veh. 23 1. Veh. 24 2.
PRE-ACCIDENT VEHICLE ACTION		Veh. 1 25 Veh. 2 26 27
1. Going Straight Ahead	11. Avoiding Object in Roadway	
2. Making Right Turn	12. Changing Lanes	
3. Making Left Turn	13. Passing	
4. Making U Turn	14. Merging	
5. Starting from Parking	15. Backing	
6. Starting in Traffic	16. Making Right Turn on Red	
7. Slowing or Stopping	17. Making Left Turn on Red	
8. Stopped in Traffic	18. Police Pursuit	
9. Entering Parked Position	20. Other	
10. Parked		
LOCATION OF FIRST EVENT		27
1. On Roadway	2. Off Roadway	
TYPE OF ACCIDENT		First Event 28 Veh. 1 29 Second Event Veh. 2 30
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	21. Median - Not At End	
12. Guide Rail - Not At End	22. Snow Embankment	
13. Crash Cushion	23. Earth Embankment/Rock Cut/Ditch	
14. Sign Post	24. Fire hydrant	
15. Tree	25. Guide Rail - End	
16. Building/Wall	26. Median - End	
17. Curbing	27. Barrier	
18. Fence	30. Other Fixed Object	
19. Bridge Structure		
20. Culvert/Head Wall		
NO COLLISION		30
31. Overturned	33. Submersion	
32. Fire/Explosion	34. Ran Off Roadway Only	
	40. Other	