

**PEDESTRIAN/BICYCLIST LOCATION**  
 1. Pedestrian/Bicyclist at Intersection  
 2. Pedestrian/Bicyclist Not at Intersection

**PEDESTRIAN/BICYCLIST ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking Along Highway With Traffic  
 6. Riding/Walking 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  
 10. Pushing/Working On Car  
 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 LT.  
 10. RR Crossing Gates  
 11. Stopped School Bus- Red Lights Flashing  
 12. Construction Work Area  
 13. Maintenance Work Area  
 14. Utility Work Area  
 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  
 0. Other \*

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other \*

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1  
 2. Vehicle No. 2  
 B. Bicyclist  
 P. Pedestrian  
 O. Other \*

**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  
 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

**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected

0. Other \*

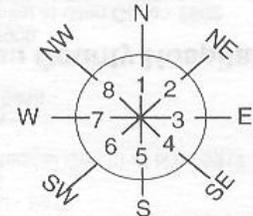
**AGE**      **SEX**  
 M/F

**APPARENT CONTRIBUTING FACTORS**

**HUMAN**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention \*  
 5. Driver Inexperience \*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 21. Fatigued/Drowsy  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian's/Bicyclist's Error/ Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 40. Other Human \*

**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  
 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  
 80. Other Environmental \*

**DIRECTION OF TRAVEL**



**New York State  
 Department of Motor Vehicles  
 NYC POLICE ACCIDENT REPORT  
 MV-104AN (3/97)**

**\*EXPLAIN IN ACCIDENT DESCRIPTION**

If a question DOES NOT APPLY, enter a dash (-).

If an answer is UNKNOWN, enter an "X".

**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

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**

1. Apparent Death  
 2. Unconscious  
 3. Semiconscious  
 4. Incoherent  
 5. Shock  
 6. Conscious

**INJURED TAKEN**

17 BY | TO 18

**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. Overtaking  
 14. Merging  
 15. Backing  
 20. Other \*

**LOCATION OF FIRST EVENT**

1. On Roadway  
 2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**

1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 10. Other Object (Not Fixed) \*  
**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 \*  
**NON-COLLISION**  
 31. Overturned  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other \*

Vehicle 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

27

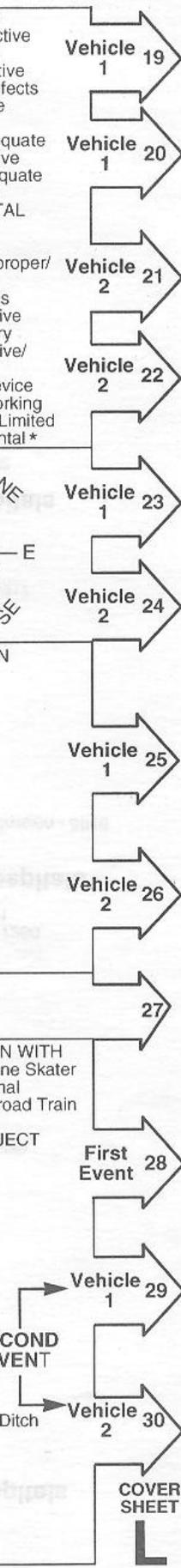
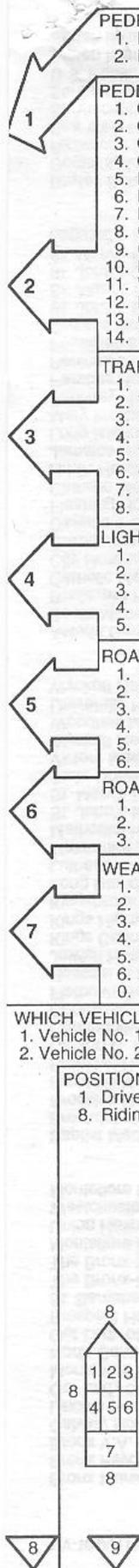
First Event 28

Vehicle 1 29

**SECOND EVENT**

Vehicle 2 30

**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 Montose - 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

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT (NYC)**  
MV-104AN (3/97)

DMV  
USE

Precinct  
Accident No.

1 Accident Date Month Day Year Day of Week Time  AM  PM No. of Vehicles No. Injured No. Killed Non-Highway  Not Investigated  Accident Reconstructed  Left Scene  Police Photos  Yes  No

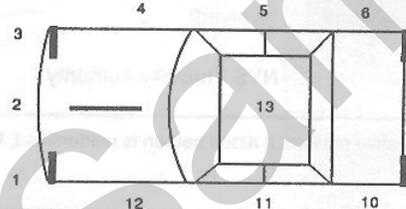
2 VEHICLE 1 Driver Name—exactly as printed on license Address (Include Number & Street) Apt. No. City or Town State Zip Code VEHICLE 2 Name—exactly as printed on license Address (Include Number & Street) Apt. No. City or Town State Zip Code  BICYCLIST  PEDESTRIAN

3 Date of Birth Sex Unlicensed  No. of Occup. Public Property Damaged  State of Lic. Name—exactly as printed on registration Date of Birth Address (Include Number & Street) Apt. No. Haz. Code Released Mat.

4 City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code

5 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 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To

6 VEHICLE DAMAGE CODING: 1-13. See diagram on right. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER



7 ACCIDENT DIAGRAM Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles. Rear End, Left Turn, Right Angle, Right Turn, Head On, Overtaking, Left Turn, Right Turn, Sideswipe. Estimated cost of repairs to any one vehicle meets criteria for "reportable" threshold.  Yes  No

8 Location Code County  Bronx  Kings  New York  Queens  Richmond Route No. or Street Name on  Miles  N  E  Feet  S  W of  At intersection With Ticket/Arrest Number(s) Complaint No. Violation Section(s)

9 Accident Description/Officer's Notes

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names - If Deceased, Give Date of Death	
A															
B															
C															
D															
E															
F															
G															

SIGN HERE Officer's Rank and Name Badge/ID No. Department Post/Sector Reviewing Officer Date/Time Reviewed

19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
USE COVER SHEET

**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. _____ Address _____	E Last Name _____ First _____ M.I. _____ Address _____
B Last Name _____ First _____ M.I. _____ Address _____	F Last Name _____ First _____ M.I. _____ Address _____
C Last Name _____ First _____ M.I. _____ Address _____	G Last Name _____ First _____ M.I. _____ Address _____
D Last Name _____ First _____ M.I. _____ Address _____	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Shield No. _____

\*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases **ONLY**)

Vehicle No. 1 \_\_\_\_\_ Vehicle No.2 \_\_\_\_\_

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone

**DUPLICATE COPY REQUIRED FOR:**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(Persons Killed/Injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. Vehicle Involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(Licensed Taxi or Limousine Involved) | <input type="checkbox"/> Other City Agency<br>(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller<br>(City Involved)            | <input type="checkbox"/> Personnel Safety Unit<br>(P.D. Vehicle Involved)    | <input type="checkbox"/> NYS Thruway Authority   |   |

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

<b>PROPERTY DAMAGED</b> (other than vehicles)	<b>OWNER OR PROPERTY</b> (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle-Operator's First Name _____	Last Name _____	Rank _____	Shield No. _____	Tax Reg. No. _____	Command _____
Make of Vehicle _____	Year _____	Type of Vehicle _____	Reg. No. (If Any) _____	Dept. No. _____	Assigned To What Command _____

Equipment in Use At Time of Accident

- Siren  
  Horn  
  Turret Light  
  4-Way Flasher  
  High-Level Warning Lights  
  Traffic Cones  
  Headlights

**ACTIONS OF POLICE VEHICLE**

- |  |   |
|--|---|
| <input type="checkbox"/> Responding of 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) _____          |   |