



Department of Motor Vehicles

6 EMPIRE STATE PLAZA • ALBANY, NY 12228

"P" 1 (2026)

Albany, New York

January 29, 2026

TO: All Enforcement Agencies

SUBJECT: CRITICAL CRASH REPORT INFORMATION - Transitioning from the Accident Information System (AIS) to the Crash Record Information System (CRIS) and new versions of Police Crash Reports

On February 17th, 2026, DMV will be transitioning from the Accident Information System (AIS) to the Crash Record Information System (CRIS).

1. All agencies that submit police crash reports electronically will need to stop transmitting the reports to AIS as of January 30, 2026. The reports need to be held and then transmitted in the new CRIS format on a date to be communicated to the agencies during the implementation period.

NOTE: Officers will continue to complete the required crash reports; the reports will just be held programmatically and then released in the new format to DMV.

2. There will be new versions of the following forms going into production with the transition to CRIS. They will be supplied by DMV to law enforcement agencies in paper and electronic format.

- POLICE SUPPLEMENTAL REPORT FOR FATAL MOTOR VEHICLE CRASHES (MV-104D)
- EARLY NOTIFICATION OF A FATAL CRASH (MV-104EN)
- POLICE INVOLVED CRASH SUPPLEMENTAL FORM (MV-104L)
- POLICE CRASH REPORT (MV-104P)
- TRUCK & BUS SUPPLEMENTAL POLICE CRASH REPORT (MV-104S)

Additional forms can be ordered using the attached ENFORCEMENT AGENCY FORMS REQUISITION (form MV-14P).

DMV will accept the paper version of the POLICE ACCIDENT REPORT (MV-104A) and POLICE ACCIDENT REPORT - NYC (MV-104AN) through May 31, 2026.

The MV-104A and MV-104AN crash reports that are electronically generated and transmitted utilizing an enforcement agency software program (Ex. TraCS, Niche, Sound Thinking) can continue to be utilized until law enforcement agencies roll out software updates to all of their members and vehicles.

If you have any questions or concerns, please call the Crash Records Unit at 518-474-6518.

Please share this information with appropriate staff. Thank you.

Mark J.F. Schroeder
Commissioner

Attachments



**Department of
Motor Vehicles**

POLICE SUPPLEMENTAL REPORT FOR FATAL MOTOR VEHICLE CRASHES

Mail with form MV-104P to:
NYS Dept. of Motor Vehicles, Crash Records Center
PO Box 2084, Albany, NY 12220-0084

Local Code/Crash #	Crash Date			Crash Time (Military)	County	City/Town/Village	# of Fatalities	# of Units	Work Related <input type="checkbox"/>
	Month	Day	Year						

Name and Address of Deceased

CRASH DATA

Speed Limit (MPH)	Location (Route # or Street Name)								
Estimated Travel Speed:									
Vehicle 1 _____ MPH <input type="checkbox"/> Unknown			Vehicle 2 _____ MPH <input type="checkbox"/> Unknown			Vehicle 3 _____ MPH <input type="checkbox"/> Unknown			
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 _____					Vehicle 2 _____		Vehicle 3 _____		
Roadway Surface <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or block <input type="checkbox"/> Slag, gravel or stone		Trafficway Description <input type="checkbox"/> Dirt <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Non-trafficway or driveway access <input type="checkbox"/> Two-way not divided <input type="checkbox"/> Two-way not divided with a continuous left-turn lane <input type="checkbox"/> Two-way, divided, unprotected median strip						Total Lanes in Roadway <input type="checkbox"/> Two-way divided positive median strip <input type="checkbox"/> One-way trafficway <input type="checkbox"/> Entrance/Exit ramp <input type="checkbox"/> Unknown	
EMERGENCY MEDICAL SERVICES* Time (Military):		HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:							
Notified Arrived at scene Arrived at hospital		If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:							

OCCUPANT

Name		Deceased	Time of Death	Died at Scene	En-Route to Hospital	Extricated **	Air Bags Deployed	Not in Vehicle
UNIT 1	Driver/Pedestrian/Bicyclist	<input type="checkbox"/>		<input type="checkbox"/>				
	Passenger	<input type="checkbox"/>		<input type="checkbox"/>				
UNIT 2	Driver/Pedestrian/Bicyclist	<input type="checkbox"/>		<input type="checkbox"/>				
	Passenger	<input type="checkbox"/>		<input type="checkbox"/>				
	Passenger	<input type="checkbox"/>		<input type="checkbox"/>				
UNIT 3	Driver/Pedestrian/Bicyclist	<input type="checkbox"/>		<input type="checkbox"/>				
	Passenger	<input type="checkbox"/>		<input type="checkbox"/>				
	Passenger	<input type="checkbox"/>		<input type="checkbox"/>				

* This includes any type of EMS service (for example, fire, police, private).

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

Additional Information									
ID #	NCIC #	Precinct/Post or Troop/Zone				Station/Beat/Sector			
Officer's Rank and Signature X					Print Full Name				
Reviewing Officer						Date/Time Reviewed			



Department of Motor Vehicles

EARLY NOTIFICATION OF A FATAL CRASH

INSTRUCTIONS

DMV is responsible for implementing the Early Notification Program as part of our federal crash reporting requirements. This form must be completed and either faxed to (518) 474-7302 or emailed to NYSfatals@dmv.ny.gov within 24 hours from the date of every fatal crash that occurs in NYS. Please remember to submit separately to DMV a completed crash report (the "Police Crash Report," form MV-104P) along with the "Police Report for Fatal Motor Vehicle Crashes" (form MV-104D) and, if applicable, the "Truck and Bus Supplemental Police Crash Report" (form MV-104S).

CRASH INFORMATION

Date of Crash	Time of Crash	Number of Fatalities
County of Crash	Number of Vehicles Involved	Number of Pedestrians or Bicyclists Involved

Was a commercial vehicle involved? Yes No

Was alcohol involvement suspected? Yes No

If yes, please indicate by whom: _____

DECEASED INFORMATION

Name of Deceased	Date of Death

LAW ENFORCEMENT INFORMATION

NCIC Code	Local Code
Precinct (NYC Only)	Crash Number (NYC Only)
Reporting Officer's Name	Contact Telephone Number



Local Code/Crash #

Precinct

IMPORTANT: If you are the officer in charge, complete and sign this form, and attach it to the Police Crash Report (form MV-104P).

Crash Date			Crash Time	County
Month	Day	Year	Military Time	

Instructions

In the area below, check the box in the first column if the unit was operated by a police officer during emergency operation (defined below). Complete the remaining columns, including any police officer's driver license number. If the officer(s) was not charged with a violation or found to be grossly negligent, DMV will not display the accident on the police officer's license abstract pursuant to Section 605(a)(4) of the Vehicle and Traffic Law.

§ 114-b. Emergency operation. The operation, or parking, of an authorized emergency vehicle, when such vehicle is engaged in transporting a sick or injured person, transporting prisoners, delivering blood or blood products in a situation involving an imminent health risk, transporting human organs and/or medical personnel for the purpose of organ recovery or transplantation in a situation involving an imminent health risk where undue delay would jeopardize such recovery or transplantation, pursuing an actual or suspected violator of the law, or responding to, or working or assisting at the scene of an accident, disaster, police call, alarm of fire, actual or potential release of hazardous materials or other emergency. Emergency operation shall not include returning from such service.

Emergency Operation	Last	First	M.I.	Driver License Number	Driver License State	Plate Number	State of Veh. Reg.
Unit 1 <input type="checkbox"/>							
Unit 2 <input type="checkbox"/>							
Unit 3 <input type="checkbox"/>							
Unit 4 <input type="checkbox"/>							
Unit 5 <input type="checkbox"/>							
Unit 6 <input type="checkbox"/>							

This form (MV-104L) serves as the motorist report for the units above that were driven by a Police Officer.

Date	Signature of Police Agency Representative	NCIC #
	X	

INSTRUCTIONS

DO NOT USE THIS FORM IF THE CRASH DOES NOT INVOLVE AT LEAST ONE RUNNING VEHICLE, E-BIKE OR E-SCOOTER.

- A “running vehicle” is defined as a vehicle that is turned on and ready for transport. A “unit” is defined as a motor vehicle, bicyclist, pedestrian, e-bike/e-scooter or any other motorized or non-motorized conveyance (i.e. horse and buggy, snowmobile, etc.).
- Information for Unit 1 on page 3 **MUST** be for a running vehicle or e-bike/e-scooter that was involved in the crash.
- Refer to the P-33 (Police Crash Report Submission Instructions) for e-bike or e-scooter only crashes.
- If there are more than two vehicles/units involved in the crash, use additional MV-104P forms. Update the unit numbers to correspond with the unit being described (ex: Unit 1 becomes Unit 3, Unit 2 becomes Unit 4, etc.). **Note:** Only Unit 1 must be a vehicle or e-bike/e-scooter.
- Use the codes on page 2 to complete the boxes in the margins and the Injury Grid on the bottom of page 5.
- If a question DOES NOT APPLY, enter a dash (-).
- If an answer is UNKNOWN, enter an “X”.
- **BOLD** boxes on page 5 indicate Unit 1.

For additional information on filling out this form, refer to the Police Crash Report Submission Instructions (form P-33).

INJURY GRID INSTRUCTIONS AND DEFINITIONS

(Additional codes available on page 2.)

There are **only 3 valid** entries for Columns 14, 15 and 16:

1. three dashes (-) meaning “does not apply” because no injury occurred.
2. three X’s meaning that an injury did occur but its complete nature is “unknown”.
3. three numeric injury codes which individually reflect the **Location Of Most Severe Physical Complaint**, the **Type of Physical Complaint** and the **Victim’s Physical and Emotional Status**.

COLUMN 15: TYPE OF PHYSICAL COMPLAINT

This column is used to describe the type of physical injury sustained. Definitions of the Types of Physical Complaints are provided below.

1. Amputation - Severed parts
2. Concussion - Dazed condition as the result of a blow to the head
3. Internal - No visible injury, but signs of anxiety, internal pain and/or thirst
4. Minor bleeding - Slight discharge of blood
5. Severe bleeding - Steady flow of blood that is not controlled
6. Minor burn - Reddening of the skin
7. Moderate burn - Reddening, blistering of skin over large area
8. Severe burn - Reddening, blistering or charring of the skin over a large portion of the body
9. Fracture/Distorted/Dislocation - Limb is disformed, bone is visible, evidence of bone displacement
10. Contusion/Bruise - Discoloration
11. Abrasion - Top layer of skin is scraped
12. Complaint of pain or nausea - No visible signs of injury, but victim makes verbal complaint
13. None visible - No visible injuries
14. Whiplash - Complaint of neck and head pain
15. Crush injuries - Part of body is pinned or trapped and the victim cannot escape
16. Paralysis - Any loss of movement that is not voluntary
17. Severe lacerations - Exposure of under tissue and/or oozing active bleeding

COLUMN 16: VICTIM’S PHYSICAL AND EMOTIONAL STATUS

Column 16 is used to describe the overall condition of the injured person. Definitions of the Victim’s Physical and Emotional Status are provided below.

1. Apparent death
2. Unconscious - Victim unaware of surroundings, and does not respond to verbal or physical stimuli
3. Semi-conscious - Victim not fully aware of surroundings
4. Incoherent - Lacking orderly continuity of thought
5. Shock - Depressed condition of all body functions, resulting from serious injury or incident
6. Conscious - Normal and aware of surroundings

COLUMN 17: INJURED TAKEN BY

The means by which an injured person is transported to a hospital is to be recorded in Column 17.

01 - EMS Air	98 - Other
02 - EMS Ground	X - Unknown
03 - Law enforcement	(-) - Not applicable

COLUMN 18: INJURED TAKEN TO

See the hospital codes on pages 4 and 6.



INSTRUCTIONS: Use the codes on this page to complete the boxes in the margins and the Injury Grid on the bottom of page 5.

- If a question DOES NOT APPLY, enter a dash (-).
- If an answer is UNKNOWN, enter an "X".
- **BOLD** boxes on page 5 indicate Unit 1.

* Explain in Crash Description/Officer's Notes on page 5

2. PEDESTRIAN/BICYCLIST/E-BIKE/E-SCOOTER 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
11. Working in roadway
12. Playing in roadway
13. Other actions in roadway*
14. Not in roadway (indicate)*
15. Waiting to cross roadway
16. Hailing taxi/for-hire vehicle
17. Riding in bike lane along with traffic
18. Riding in bike lane against traffic
19. Going to/from school

3. TRAFFIC CONTROL

1. None	8. RR crossing sign	17. All-way stop sign
2. Traffic signal	9. RR crossing flashing light	18. Roundabout
3. Stop sign	10. RR crossing gates	19. Warning sign
4. Flashing light	11. Stopped school bus, red lights flashing	20. Other*
5. Yield sign		21. HOV lane
6. Officer/Guard	15. Police/Fire emergency	22. Bike lane
7. No passing zone	16. School zone	23. Bus lane

4. LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road lighted
5. Dark-Road unlighted

5. 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
7. Severe crosswinds
8. Blowing sand/soil/dirt
9. Blowing snow
10. Freezing rain/drizzle
11. Other*

6. ROADWAY SURFACE CONDITION

1. Dry
2. Wet
3. Muddy
4. Snow
5. Slush
6. Flooded
7. Ice
8. Other*

7. WEATHER

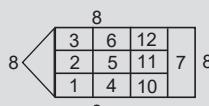
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail
6. Fog/Smog/Smoke
7. Severe crosswinds
8. Blowing sand/soil/dirt
9. Blowing snow
10. Freezing rain/drizzle
11. Other*

INJURY GRID (bottom of page 5)

8. WHICH UNIT OCCUPIED: Enter corresponding Unit number.

9. POSITION IN/ON UNIT

1. Driver
- 2-6 & 10-12. Passengers
7. Cargo area/All bus passengers
8. Riding/Hanging on outside
9. Seat position unknown inside vehicle



10. SAFETY EQUIPMENT USED

1. None
2. Lap belt only
3. Shoulder belt only
4. Shoulder and lap belt
5. Motorcycle helmet - DOT compliant
6. Child booster seat
7. Child restraint system forward facing
8. Child restraint system rear facing
9. Stretcher
10. Wheelchair
11. Motorcycle helmet - other*
12. Front/Rear bicycle lights and helmet
13. Front/Rear bicycle lights, no helmet
14. Reflectors
15. Reflective clothing
16. Other *
17. Helmet only (non-motorcycle)
18. Unknown
19. (-) Not applicable

11. EJECTION FROM UNIT

1. Not ejected
2. Partially ejected
3. Ejected

14. LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back/Spine
7. Shoulder/Upper arm
8. Elbow/Lower arm/hand
9. Abdomen/Pelvis
10. Hip/Upper leg
11. Knee/Lower leg/Foot
12. Entire body

A-B. SIGNAL COMPLIANCE BOX

1. Unit/Bike/Pedestrian moving in compliance with traffic control
2. Unit/Bike/Pedestrian moving not in compliance with traffic control
3. Unit/Bike/Pedestrian moving with unknown traffic control compliance

19-22. APPARENT CONTRIBUTING FACTORS

Human

1. Cannabis involvement
2. Alcohol involvement
3. Improper backing
4. Driver inattention/distraction*
5. Driver inexperience*
6. Drug involvement
7. Failure to yield right-of-way
8. Fell asleep
9. Following too closely
10. Illness
11. Lost consciousness
12. Passenger distraction
13. Passing or lane usage improper
14. Pedestrian/Bicyclist error/confusion
15. Physical disability
16. Prescription medication
17. Traffic control disregarded
18. Turning improperly
19. Unsafe speed
20. Unsafe lane changing
21. Fatigued/Drowsy
22. Cell phone (hand-held)
23. Cell phone (hands-free)
24. Other electronic device*
25. Outside car distraction*
26. Reaction to uninvolved unit
27. Failure to keep right
28. Aggressive driving/road rage*
29. Passing too closely
30. Vehicle vandalism
31. Texting
32. Using vehicle integrated device

33. Eating or drinking
34. Listening/Using headphones
35. Over-correcting/Over-steering
36. Failure to maintain lane
37. Failure to yield to an emergency vehicle

Vehicular

41. Accelerator defective
42. Brake system defective
43. Headlights defective
44. Other lighting defects
45. Oversized vehicle
46. Steering failure
47. Tire/Wheel failure/inadequate
48. Tow hitch defective
49. Windshield inadequate
50. Driverless/Runaway vehicle
51. Tinted windows
52. Slow moving vehicle
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
70. Related to bus stop

23-24. DIRECTION OF TRAVEL

1. North	3. East	5. South	7. West
2. Northeast	4. Southeast	6. Southwest	8. Northwest

25-26. PRE-CRASH VEHICLE/UNIT ACTION

1. Going straight ahead
2. Making right turn
3. Making left turn
4. Making U-turn
5. Entering/Exiting parked position
6. Starting in traffic
7. Slowing or stopping
8. Stopped in traffic
10. Parked
11. Avoiding object in roadway
12. Changing lanes
13. Passing
14. Merging
15. Backing
18. Police pursuit (police vehicle only)
19. Traveling wrong way
21. Crossed over median
22. Avoiding double parked/stopped vehicle
23. Avoiding vehicle door
24. Negotiating a curve
25. Fleeing police
20. Other *

28-30. TYPE OF CRASH

COLLISION WITH OBJECT (NOT FIXED)

1. Other motor vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad train
7. Deer
10. Other object (not fixed) *
41. Slow moving vehicle
42. Animal drawn conveyance
43. Snowmobile/ATV/UTV/Dirt bike
44. Struck by falling, shifting cargo or anything set in motion by motor vehicle
45. Struck by object not set in motion by motor vehicle
46. Pedestrian on a non-motorized device
47. Pedestrian on a motorized device

COLLISION WITH OBJECT (FIXED)

11. Light support/utility pole
12. Guide rail/median - not at end
25. Guide rail/median - end
13. Impact attenuator/crash cushion
14. Sign post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge structure
20. Culvert/Head wall
22. Snow embankment
23. Earth embankment/rock cut/ditch
24. Fire hydrant
27. Barrier
30. Other object (fixed)*
36. Mailbox
37. Pothole
38. Thrown or falling object

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran off roadway only
40. Other *



**Department of
Motor Vehicles**
POLICE CRASH REPORT

See INSTRUCTIONS on pages 1 and 2.

DMV USE ONLY

AMENDED REPORT

SECONDARY CRASH

Local Code/Crash #
Precinct

Crash Date Month Day Year	Crash Time (Military)	# of Units	# Injured	# of Fatalities	Suspected Serious Injury <input type="checkbox"/>	Report Taken at Scene <input type="checkbox"/>	Crash Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
<input type="checkbox"/> Cost of repairs to any one unit or property will be more than \$1,000.		Time of Roadway Clearance		Date: _____ / _____ / _____		Military Time: _____			

UNIT 1: DRIVER / BICYCLIST / PEDESTRIAN											
Driver License/Non-Driver ID #		State of License	Driver License Class (Check all that apply)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DJ <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> MJ	Permit Class (Check all that apply)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DJ <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> MJ	<input type="checkbox"/> Driving Out of License/Permit Class				
Driver License Status at Time of Crash		<input type="checkbox"/> Valid <input type="checkbox"/> Cancelled <input type="checkbox"/> Expired <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Suspended <input type="checkbox"/> Suspended Hardship Privilege (HPRV) <input type="checkbox"/> Approved <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable									
Driver/Pedestrian/Bicyclist Name (exactly as printed on license/non-driver ID)						Date of Birth Month Day Year	Sex (M/F/X)				
Address (include house #, street and apt #)											
City or Town					State		Zip Code				
Vehicle and Traffic Law Violations											
Blood Alcohol Content (BAC)		Testing Method	<input type="checkbox"/> Breath <input type="checkbox"/> Not Given <input type="checkbox"/> Refused <input type="checkbox"/> Driver Admission								
Check all that apply.		Arrested (Check all that apply)									
<input type="checkbox"/> DRE Responded <input type="checkbox"/> DRE Unavailable		<input type="checkbox"/> Subject Evaluated <input type="checkbox"/> Subject Refused Evaluation		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Other: _____							
Name (exactly as printed on registration)					Date of Birth Month Day Year	Sex (M/F/X)					
Address (include house #, street and apt #)											
City or Town					State		Zip Code				
# of People in Vehicle/Unit	Vehicle/Unit Type	Plate #	State of Registration	Vehicle Year/Make/Model	Vehicle Towed <input type="checkbox"/>	<input type="checkbox"/> Vehicle Towed Due to Disabling Damage	<input type="checkbox"/> Stretched Limousine <input type="checkbox"/>				
Vehicle Identification Number (VIN)		Insurance Company Name			Insurance Policy #	Insurance Code	Special Function of Motor Vehicle in Transport				
Automation System Level in Vehicle (check one) <input type="checkbox"/> No Automation <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Automation Level Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Driver Assistance <input type="checkbox"/> High Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Partial Automation					Automation System Levels Engaged at Time of Crash (check one) <input type="checkbox"/> No Automation <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Automation Level Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Driver Assistance <input type="checkbox"/> High Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Partial Automation						
Driver License/Non-Driver ID #		State of License	Driver License Class (Check all that apply)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DJ <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> MJ	Permit Class (Check all that apply)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DJ <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> MJ	<input type="checkbox"/> Driving Out of License/Permit Class				
Driver License Status at Time of Crash		<input type="checkbox"/> Valid <input type="checkbox"/> Cancelled <input type="checkbox"/> Expired <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Suspended <input type="checkbox"/> Suspended Hardship Privilege (HPRV) <input type="checkbox"/> Approved <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable									
Driver/Pedestrian/Bicyclist Name (exactly as printed on license/non-driver ID)						Date of Birth Month Day Year	Sex (M/F/X)				
Address (include house #, street and apt #)											
City or Town					State		Zip Code				
Vehicle and Traffic Law Violations											
Blood Alcohol Content (BAC)		Testing Method	<input type="checkbox"/> Breath <input type="checkbox"/> Not Given <input type="checkbox"/> Refused <input type="checkbox"/> Driver Admission								
Check all that apply.		Arrested (Check all that apply)									
<input type="checkbox"/> DRE Responded <input type="checkbox"/> DRE Unavailable		<input type="checkbox"/> Subject Evaluated <input type="checkbox"/> Subject Refused Evaluation		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Other: _____							
Name (exactly as printed on registration)					Date of Birth Month Day Year	Sex (M/F/X)					
Address (include house #, street and apt #)											
City or Town					State		Zip Code				
# of People in Vehicle/Unit	Vehicle/Unit Type	Plate #	State of Registration	Vehicle Year/Make/Model	Vehicle Towed <input type="checkbox"/>	<input type="checkbox"/> Vehicle Towed Due to Disabling Damage	<input type="checkbox"/> Stretched Limousine <input type="checkbox"/>				
Vehicle Identification Number (VIN)		Insurance Company Name			Insurance Policy #	Insurance Code	Special Function of Motor Vehicle in Transport				
Automation System Level in Vehicle (check one) <input type="checkbox"/> No Automation <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Automation Level Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Driver Assistance <input type="checkbox"/> High Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Partial Automation					Automation System Levels Engaged at Time of Crash (check one) <input type="checkbox"/> No Automation <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Automation Level Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Driver Assistance <input type="checkbox"/> High Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Partial Automation						
UNIT 2: DRIVER / BICYCLIST / PEDESTRIAN											

NEW YORK STATE (Excluding NYC Area) & OUT OF STATE HOSPITAL CODES

ALBANY COUNTY HOSPITALS

Albany Medical Center Hospital - **00001**
AMC - South Clinical Campus - **00002**
Samaritan Hospital - Albany Memorial Campus - **00004**
St. Peter's Hospital Albany - **00005**

ALLEGANY COUNTY HOSPITALS

Cuba Memorial Hospital - **00037**

BROOME COUNTY HOSPITALS

UHS Binghamton General Hospital - **00042**
Our Lady of Lourdes Memorial Hospital - **00043**
UHS Wilson Medical Center - **00058**

CATTARAUGUS COUNTY HOSPITALS

Olean General Hospital - **00066**
TLC Health Netwk Tri-County Memorial Hospital - **00074**

CAYUGA COUNTY HOSPITALS

Auburn Community Hospital - **00085**

CHAUTAUQUA COUNTY HOSPITALS

Brooks Memorial Hospital - **00098**
UPMC Chautauqua At WCA - **00102**
Westfield Memorial Hospital - **00111**
Brooks - TLC Hospital System, Inc. - **00114**

CHEMUNG COUNTY HOSPITALS

Arnot-Ogden Medical Center - **00116**
St. Joseph's Hospital Elmira - **00118**

CHENANGO COUNTY HOSPITALS

Chenango Memorial Hospital Inc. - **00128**

CLINTON COUNTY HOSPITALS

UVHN-Champlain Valley Phys Hospital - **00135**
U. of VT Hlth. Netwk. - Champlain Valley Hosp. Kevin J. Carroll AS - **07808**

COLUMBIA COUNTY HOSPITALS

Columbia Memorial Hospital - **00146**

CORTLAND COUNTY HOSPITALS

Guthrie Cortland Medical Center - **00158**

DELAWARE COUNTY HOSPITALS

O'Connor Hospital - **00165**
Margaretville Hospital - **00170**
Delaware Valley Hospital Inc. - **00174**

DUTCHESS COUNTY HOSPITALS

St. Francis Hospital Deacon Div. - **00179**
Mid-Hudson Valley Div. of Westchester Med. Ctr. - **00180**
Vassar Brothers Medical Center - **00181**
Northern Dutchess Hospital - **00192**
Fishkill Ambulatory Surgery Center - **06343**

ERIE COUNTY HOSPITALS

Buffalo General Medical Center - **00207**
John R. Oishei Children's Hospital - **00208**
Erie County Medical Center - **00210**
Sheehan Memorial Hospital - **00211**
Mercy Hospital Buffalo - **00213**
Sisters of Charity Hospital - **00218**
Kenmore Mercy Hospital - **00267**
Bertrand Chaffee Hospital - **00280**
Sisters of Charity St. Josephs Campus - **00292**
Mercy Hospital - Orchard Park Division - **01723**
Millard Fillmore Suburban Hospital - **03067**

ESSEX COUNTY HOSPITALS

Adirondack Medical Center - Lake Placid Site - **00306**

FRANKLIN COUNTY HOSPITALS

UVHN-Elizabethtown Comm. Hospital - **00303**
U. of VT Hlth. Netwk. - Elizabethtown Com. Hosp. Moses Ludington - **00309**
Adirondack Medical Center Saranac Lake - **00324**
U. of VT Hlth. Netwk. - Alice Hyde Med. Ctr. - **00325**

FULTON COUNTY HOSPITALS

Nathan Littauer Hospital - **00330**

GENESEE COUNTY HOSPITALS

UMMC North Street Campus - **00339**
UMMC Bank Street Campus - **00340**
Livingston Health Services - **06255**

HERKIMER COUNTY HOSPITALS

Little Falls Hospital - **00362**
Bassett Healthcare Herkimer - **04100**

JEFFERSON COUNTY HOSPITALS

Samaritan Medical Center - **00367**
River Hospital Inc. - **00377**
Carthage Area Hospital Inc. - **00379**

LEWIS COUNTY HOSPITALS

Lewis County General Hospital - **00383**

LIVINGSTON COUNTY HOSPITALS

Memorial Hosp. of W. F. & Gertrude F. Jones (a.k.a. Jones Memorial Hospital) - **00039**
Nicholas H. Noyes Memorial Hospital - **00393**

MADISON COUNTY HOSPITALS

Oneida Health Hospital - **00397**
Community Memorial Hospital - **00401**

MONROE COUNTY HOSPITALS

Highland Hospital Rochester - **00409**
Rochester General Hospital - **00411**
Unity Specialty Hospital - **00412**
Strong Memorial Hospital - **00413**
Monroe Community Hospital - **00414**
Lakeside Memorial Hospital - **00461**
The Unity Hospital of Rochester - **00471**
URMC Ambulatory Center - **09058**
URMC Strong West - **09531**

MONTGOMERY COUNTY HOSPITALS

St. Mary's Hlthcr. - Amsterdam Mem. Camp. - **00482**
St. Mary's Healthcare - **00484**

NIAGARA COUNTY HOSPITALS

Eastern Niagara Hospital - Lockport - **00565**
Niagara Falls Memorial Medical Center - **00574**
Dograff Memorial Hospital - **00581**
Mount St. Mary's Hospital & Health Center - **00583**
Eastern Niagara Hospital - Newfane Division - **00585**
Eastern Niagara Hospital Health Center - **4486**

ONEIDA COUNTY HOSPITALS

Rome Memorial Hospital Inc. - **00589**
Faxton Medical Campus - **00597**
St. Elizabeth Medical Center - **00598**
Faxton - St. Luke's Healthcare St. Luke's Div. - **00599**
Mohawk Valley Heart Institute, Inc. - **07528**

ONONDAGA COUNTY HOSPITALS

Upstate University Hosp. at Comm. General - **00628**
University Hosp. SUNY Health Science Ctr. - **00635**
Crouse Hospital - **00636**
UHCC - Harrison - **04466**
Crouse Hospital Commonwealth Division - **09059**

ONTARIO COUNTY HOSPITALS

Geneva General Hospital - **00671**
Clifton Springs Hospital & Clinic - **00676**

ORANGE COUNTY HOSPITALS

St. Luke's Cornwall Hospital Newburgh - **00694**
Montefiore St. Luke's Cornwall - Cornwall Campus - **00698**
Garnet Health Medical Center - **00699**
St. Anthony Community Hospital - **00704**
Bon Secours Community Hospital - **00708**
Orange Regional Medical Pavilion - **07735**

ORLEANS COUNTY HOSPITALS

Medina Memorial Hospital - **00718**

OSWEGO COUNTY HOSPITALS

Lakeview Ct.r for Mental Hlth. & Wellness - **00012**
F. F. Thompson Hospital - **00678**
Albert Lindley Lee Memorial Hospital - **00724**
Oswego Hospital - **00727**

OTSEGO COUNTY HOSPITALS

A. O. Fox Memorial Hospital - **00739**
Mary Imogene Bassett Hospital - **00746**
Bassett Hlthcr. Oneonta Specialty Services - **06013**
A. O. Fox Memorial - Tri-Town Campus - **08554**

PUTNAM COUNTY HOSPITALS

Putnam Hospital Center - **00752**

RENSSELAER COUNTY HOSPITALS

Samaritan Hospital - St. Mary's Campus - **00755**
Samaritan Hospital - **00756**
The Burdett Care Center - **09250**

ST. LAWRENCE COUNTY HOSPITALS

Claxton-Hepburn Medical Center - **00798**
Massena Memorial Hospital - **00804**
Gouverneur Hospital - **00812**

SARATOGA COUNTY HOSPITALS

Saratoga Hospital - **00818**

SCHEECTADY COUNTY HOSPITALS

Ellis Hospital - **00829**
Ellis Hospital McClellan St. Health Center - **00830**

SCHOHARIE COUNTY HOSPITALS

Cobleskill Regional Hospital - **00851**

SCHUYLER COUNTY HOSPITALS

Schuyler Hospital - **00858**

SENECA COUNTY HOSPITALS

Canton-Potsdam Hospital - **00815**
Clifton-Fine Hospital - **00817**

STEUBEN COUNTY HOSPITALS

Corning Hospital - **00866**
St. James Hospital - **00870**
Ira Davenport Memorial Hospital Inc. - **00873**

SULLIVAN COUNTY HOSPITALS

Garnet Hlth. Medical Center - G. Hermann Site - **00968**
Garnet Health Medical Center - Catskills - **00971**

TIoga COUNTY HOSPITALS

Tioga General Hospital - **05301**

TOMPKINS COUNTY HOSPITALS

Cayuga Medical Center at Ithaca - **00977**
Convenient Care Center - **04333**

ULSTER COUNTY HOSPITALS

HealthAlliance Hospital Mary's Ave. Campus - **00989**
HealthAlliance Hospital Broadway Campus - **00990**
Ellenville Regional Hospital - **01002**

WARREN COUNTY HOSPITALS

Glens Falls Hospital - **01005**

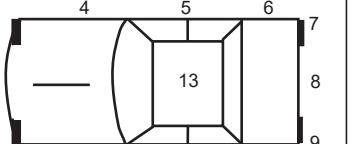
YATES COUNTY HOSPITALS

Newark Wayne Community Hospital - **01028**
Wyoming County Community Hospital - **01153**
Soldiers & Sailors Mem. Hosp. of Yates County Inc. - **01158**

OUT OF STATE HOSPITALS

Connecticut - **15000**
Massachusetts - **16000**
New Jersey - **17000**
Pennsylvania - **18000**
Vermont - **19000**
Canada - **20000**

POLICE CRASH REPORT

UNIT 1 DAMAGE CODES			UNIT 2 DAMAGE CODES			Crash Diagram Code: If there were exactly 2 motor vehicles involved, enter the number from the diagram below (numbered 0-8) that best matches the crash in the box on the left. Enter a 9 if the crash involved one vehicle, 3 or more vehicles, or a pedestrian/bicyclist. You may draw the diagram in box 9.			
Box 1 - Point of impact Box 2 - Most damage Enter up to three more Damage Codes			1	2	Box 1 - Point of impact Box 2 - Most damage Enter up to three more Damage Codes	1	2		
3 4 5			3	4	5				
Vehicle Towed By: _____ To: _____			Vehicle Towed By: _____ To: _____			Rear End 1. 	Left Turn 3. 	Right Angle 5. 	
2							7. 	19	
3	1-13. SEE DIAGRAM ON RIGHT 						14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	20	
4								21	
5	Reference Marker	Coordinates		County		<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:		22	
6		Latitude/Northing:		Road Where Crash Occurred (route # or street name)		House #		23	
7		Longitude/Easting:		<input type="checkbox"/> At Intersection With: OR <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> _____ of _____		(Nearest Intersecting Street/Route, Milepost, Exit or Reference Marker)		24	
Non-Public Roadway			<input type="checkbox"/> Parking Lot <input type="checkbox"/> Private Road/Driveway		<input type="checkbox"/> Field <input type="checkbox"/> Other/Unknown	Service Road <input type="checkbox"/>	Posted Speed Limit (MPH) _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Exit #	Work Zone Crash <input type="checkbox"/>

Crash Description/Officer's Notes:

Witness(es)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I N J U R Y G R I D	8	9	10	11	12. Age	13. Sex	14	15	16	INJURED TAKEN 17 BY TO 18	31	Improper Use of Safety Equipment	ID Card Provided	Pedestrian Use of Mobility Aid	Name (Last Name, First Name)	Date of Death Only
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ID #				NCIC #			Precinct/Post or Troop/Zone						Station/Beat/Sector			
Officer's Rank and Signature X										Print Full Name						
Reviewing Officer										Date/Time Reviewed						

NEW YORK CITY AREA & OUT OF STATE HOSPITAL CODES

BRONX COUNTY HOSPITALS

Bronxcare Hospital Center - **01164**
 Jacobi Medical Center - **01165**
 Montefiore Medical Center - Wakefield Hospital - **01168**
 Montefiore Medical Ctr. - Henry & Lucy Moses Div. - **01169**
 Lincoln Medical & Mental Health Center - **01172**
 Calvary Hospital Inc. - **01175**
 St. Barnabas Hospital - **01176**
 Bronxcare Hospital Center - **01178**
 Montefiore Med. Ctr. - Montefiore Westchester Sq. - **01185**
 North Central Bronx Hospital - **01186**
 Montefiore Med. Ctr. - Jack D. Weiler Hosp. of A. Einstein College Div. - **03058**
 Montefiore Hutchinson Campus - **09750**

KINGS COUNTY HOSPITALS

Brookdale Hospital Medical Center - **01286**
 Brooklyn Hospital Center - Downtown Campus - **01288**
 The NY Comm. Hosp. Brooklyn Inc. DBA Maimonides Midwood Comm. Hosp. - **01293**
 NYC Health + Hospitals/South Brooklyn Health - **01294**
 IMC Jewish Hospital Medical Center Division - **01300**
 Kings County Hospital Center - **01301**
 NYU Langone Hospital-Brooklyn - **01304**
 Maimonides Medical Center - **01305**
 New York-Presbyterian Brooklyn Methodist Hosp. - **01306**
 Interfaith Medical Center - **01309**
 Victory Memorial Hospital - **01314**
 Kingsbrook Jewish Medical Center - **01315**
 Wyckoff Heights Medical Center - **01318**
 University Hospital Brooklyn - **01320**
 Mount Sinai Brooklyn - **01324**
 Woodhull Medical & Mental Health Center - **01692**
 Univ. Hosp. Brooklyn - SUNY Downstate at Bay Ridge - **09175**
 NYULMC-Cobble Hill - **09753**
 Calvary Hospital in Brooklyn - **10223**
 Center for Community Health - **13964**

NASSAU COUNTY HOSPITALS

Glen Cove Hospital - **00490**
 Long Beach Medical Center - **00495**
 NYU Langone Hospital - Long Island - **00511**
 Mercy Hospital - **00513**
 LIJ-Valley Stream - **00518**
 Mount Sinai South Nassau - **00527**
 Nassau University Medical Center - **00528**
 North Shore University Hospital - **00541**
 Syosset Hospital - **00550**
 St. Joseph Hospital - **00551**
 Plainview Hospital - **00552**
 St. Francis Hospital & Heart Center - **00563**
 LIJ Center for Advanced Medicine - **6976**
 HSS - Long Island Outpatient Center - **9201**
 S. Nassau Comm. Hosp. Off-Campus ER Dept. - **9691**

NEW YORK COUNTY HOSPITALS

New York-Presbyterian/Lower Manhattan Hospital - **01437**
 Bellevue Hospital Center - **01438**
 Mount Sinai Beth Israel - **01439**
 Cabrini Medical Center - **01440**
 Harlem Hospital Center - **01445**
 Lenox Hill Hospital - **01450**
 Metropolitan Hospital Center - **01454**
 Mount Sinai Hospital - **01456**
 New York-Presbyterian Hosp. - NY Weill Cornell Ctr. - **01458**
 NYU Langone Hospitals - **01463**
 New York Presbyterian Hospital Climb. - **01464**
 Rockefeller University Hospital - **01465**
 Mount Sinai West - **01466**
 St. Vincent's Midtown Hospital - **01467**
 Mount Sinai Morningside - **01469**
 North General Hospital - **02968**
 New York-Presbyterian Hospital Allen Pvl. - **03975**
 Mount Sinai Downtown Union Square - **05936**
 Blavatnik Family - Chelsea Med. Ctr. at Mt. Sinai - **09275**
 NYU Langone Rusk Ambulatory Care Center - **09342**
 Lenox Health Greenwich Village - **09700**
 New York-Presbyterian David H. Koch Center - **10139**

QUEENS COUNTY HOSPITALS

Elmhurst Hospital - **01626**
 Flushing Hospital Medical Center - **01628**
 Jamaica Hospital Medical Center - **01629**
 LI Jewish Medical Center - **01630**
 Peninsula Hospital Center - **01632**
 Queens Hospital Center - **01633**
 St. John's Episcopal Hospital South Shore - **01635**
 New York-Presbyterian/Queens - **01637**
 LIJ-Forest Hills Hospital - **01638**
 Mount Sinai Queens Medical Center - **01639**
 Parkway Hospital - **01644**
 Cohen's Children Medical Center W. LIJ - **03376**

RICHMOND COUNTY HOSPITALS

RUMC Bayley Seton Site - **01437**
 Staten Island University Hospital Prince's Bay - **01737**
 Richmond University Medical Center - **01738**
 Staten Island University Hospital-North - **01740**

ROCKLAND COUNTY HOSPITALS

Helen Hayes Hospital - **00775**
 Montefiore Nyack - **00776**
 Good Samaritan Hospital Suffern - **00779**
 Summit Park Hospital - **00793**

SUFFOLK COUNTY HOSPITALS

Stony Brook University Hospital - **00245**
 Brunswick Hospital Center - **00878**
 Long Island Community Hospital - **00885**
 Stony Brook Southampton Hospital - **00889**
 Stony Brook Eastern Long Island Hospital - **00891**
 John T. Mather Mem. Hosp. of Port Jefferson New York Inc. - **00895**
 St. Charles Hospital - **00896**
 Huntington Hospital - **00913**
 South Shore University Hospital - **00924**
 Good Samaritan Hospital W. Islip - **00925**
 Peconic Bay Medical Center - **00938**
 St. Catherine of Siena Hospital - **00943**

WESTCHESTER COUNTY HOSPITALS

New York-Presbyterian/Hudson Valley Hosp. - **01039**
 White Plains Hospital Center - **01045**
 NY-Presbyterian Westchester Behavioral Hlth. Ctr. - **01047**
 Montefiore Mount Vernon Hospital - **01061**
 Montefiore New Rochelle Hospital - **01072**
 SJRH - St. John's Division - **01097**
 St. Joseph's Medical Center - **01098**
 SJRH - Park Care Pavilion - **01099**
 Northern Westchester Hospital - **01117**
 New York-Presbyterian Lawrence Hospital - **01122**
 SJRH - Dobbs Ferry Pavilion - **01124**
 Phelps Hospital - **01129**
 St. Joseph's MC-St. Vincent's Westchester Div. - **01133**
 Blythedale Children's Hospital - **01138**
 Westchester Medical Center - **01139**

OUT OF STATE HOSPITALS

Connecticut - **15000**
 Massachusetts - **16000**
 New Jersey - **17000**
 Pennsylvania - **18000**
 Vermont - **19000**
 Canada - **20000**

Local Code/Crash #



Department of Motor Vehicles

AMENDED REPORT

TRUCK & BUS SUPPLEMENTAL POLICE CRASH REPORT

DO NOT use this form for trailers.

INSTRUCTIONS	Number of:	Number of Vehicles:
You must complete this form:		
◆ IF at least one of the vehicles involved is:	<input type="checkbox"/> Vehicles having a GVWR or GCWR > 10,000 lbs.	<input type="checkbox"/> Towed due to damage
- a truck having a GVWR or GCWR > 10,000 lbs.; or		
- a vehicle with a HazMat (HM) placard; or	<input type="checkbox"/> Vehicles with a HazMat (HM) placard	<input type="checkbox"/> Sustaining fatal injuries
- a bus designed to carry 9 or more persons, including the driver;		
◆ AND at least one of the following conditions is met:	<input type="checkbox"/> Buses designed to carry 9 or more persons	<input type="checkbox"/> Transported for IMMEDIATE medical treatment
- at least one person sustained fatal injuries		
- at least one person was transported for IMMEDIATE medical treatment		
- at least one vehicle was towed due to damage (other than a flat tire).		
Number of Persons:		

Crash Date Month	Day	Year	Crash Time (Military)	County	City/Town/Village											
DRIVER																
Driver License ID #													State of License			
Driver Name - exactly as printed on license (Last, First, M.I.)											Month	Day	Year	Sex	<input type="checkbox"/> Male	
															<input type="checkbox"/> Female	<input type="checkbox"/> X
Driver License Class (Check all that apply)							Permit Class (Check all that apply)									
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DJ <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> MJ							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DJ <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> MJ									
CARRIER																
Carrier Name																
Address																
City				State			Zip Code			Plate #			State of Registration			
Carrier's Identification Numbers													MC/MX			
<input type="checkbox"/> U.S. DOT Exempt				U.S. DOT												
1	CARRIER TYPE															
	1. Intrastate carrier						3. Not in commerce (<i>other truck/bus over 10,000 lbs.</i>)									
	2. Interstate carrier						4. Not in commerce - government									
2	GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES															
	1. Less than or equal to 10,000 lbs.						2. 10,001 - 26,000 lbs.									
	3. More than 26,000 lbs.															
	Check all that apply:						<input type="checkbox"/> Vehicle Oversized/Overweight			<input type="checkbox"/> Overweight Permit			<input type="checkbox"/> Overdimension Permit			
3	VEHICLE CONFIGURATION															
	1. Bus (<i>seats 15 + people, including driver</i>)						8. Tractor/Triples									
	2. Single-unit truck (2-axle, 6-tire)						9. Unknown heavy truck, cannot classify									
	3. Single-unit truck (3 or more axles)						10. Passenger car - only record when vehicle displays a Hazardous Material placard									
	4. Truck/Trailer						11. Light truck (<i>van, mini-van, panel, pickup, sport utility vehicle</i>) only record when vehicle displays an HM placard									
	5. Truck tractor (<i>bobtail</i>)						12. Bus (<i>seats for 9-15 people, including driver</i>)									
	6. Tractor/Semi-trailer															
	7. Tractor/Doubles															

4	CARGO BODY TYPE <ul style="list-style-type: none"> 1. Bus (seats 15+ people, including driver) 2. Van/Enclosed box 3. Cargo tank 4. Flatbed 5. Dump 6. Concrete mixer 7. Auto transporter 8. Garbage/Refuse 9. Other 10. Grain, chips, gravel 11. Pole 12. Bus (seats 9-15 people, including driver) 13. Not applicable/no cargo body type 14. Intermodal chassis 15. Logging 16. Vehicle towing another motor vehicle 											
5	BUS TYPE <ul style="list-style-type: none"> 1. Not a bus 2. School 3. Transit 4. Intercity 5. Charter 6. Other 											
6	HAZARDOUS MATERIALS INVOLVEMENT <p>Does vehicle have HazMat placard?</p> <p>1. Yes 2. No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">COPY FROM PLACARD</td> <td style="width: 50%;"></td> </tr> <tr> <td>4-Digit ID # From Diamond/Orange Panel</td> <td style="text-align: right;">1 or 2-Digit # From Bottom of Diamond</td> </tr> <tr> <td colspan="2">Name of HazMat Class</td> </tr> </table>						COPY FROM PLACARD		4-Digit ID # From Diamond/Orange Panel	1 or 2-Digit # From Bottom of Diamond	Name of HazMat Class	
COPY FROM PLACARD												
4-Digit ID # From Diamond/Orange Panel	1 or 2-Digit # From Bottom of Diamond											
Name of HazMat Class												
7	<p>Was hazardous cargo released from the vehicle (<i>other than fuel from fuel tank</i>)?</p> <p>1. Yes 2. No</p>											
8	TRAFFIC WAY <ul style="list-style-type: none"> 1. Two-way, not divided 2. Two-way, divided, unprotected median 3. Two-way, divided, physical median barrier 4. One-way not divided 5. Not reported 6. HOV lane 											
9	ROADWAY ACCESS CONTROL <ul style="list-style-type: none"> 1. No access control 2. Full access control 4. Partial access control 											
10	SEQUENCE OF EVENTS (FOR THIS VEHICLE) <ul style="list-style-type: none"> 1. Ran off road (<i>noncollision</i>) 2. Jackknife (<i>noncollision</i>) 3. Overturn/Rollover (<i>noncollision</i>) 4. Downhill runaway (<i>noncollision</i>) 5. Cargo loss or shift (<i>noncollision</i>) 6. Explosion or fire (<i>noncollision</i>) 7. Separation of units (<i>noncollision</i>) 8. Involving pedestrian (<i>collision</i>) 9. Involving motor vehicle in transport (<i>collision</i>) 10. Involving parked motor vehicle (<i>collision</i>) 11. Involving train (<i>collision</i>) 12. Involving pedalcycle (<i>collision</i>) 13. Involving animal (<i>collision</i>) 14. Involving fixed object (<i>collision</i>) 18. Cross median/centerline (<i>noncollision</i>) 19. Equipment failure (<i>noncollision</i>) (<i>brake failure, blown tires, etc.</i>) 20. Other (<i>noncollision</i>) 21. Unknown (<i>noncollision</i>) 22. With work zone maintenance equipment (<i>collision</i>) 23. With other movable object (<i>collision</i>) 24. With unknown movable object (<i>collision</i>) 											
11												
12												
13												
14	UNDERRIDE/OVERRIDE <ul style="list-style-type: none"> 0. No underride or override noted 1. Underriding a motor vehicle in-transport, compartment intrusion 2. Underriding a motor vehicle in-transport, no compartment intrusion 3. Underriding a motor vehicle in-transport, compartment intrusion unknown 4. Underriding a motor vehicle not in-transport, compartment intrusion 5. Underriding a motor vehicle not in-transport, no compartment intrusion 6. Underriding a motor vehicle not in-transport, compartment intrusion unknown 7. Overriding a motor vehicle in-transport 8. Overriding a motor vehicle not in-transport 9. Unknown if underride or override 											
<input type="checkbox"/> Underride/Override middle/side impact <input type="checkbox"/> Underride/Override rear impact												
ID #		NCIC #		Date								
Officer's Rank and Signature			Print Name in Full									

NON-FATAL CRASHES
Mail with form MV-104P to:
 NYS Department of Motor Vehicles
 Crash Records Center, PO Box 2606
 Albany, NY 12220-0606

FATAL CRASHES
Mail with form MV-104P and MV-104D to:
 NYS Department of Motor Vehicles
 Crash Records Center, PO Box 2804
 Albany, NY 12220-0084



Please print all information.

Date: _____

Agency Name	County	NCIC/ORI #	
Street Address	City or Town	State	Zip Code
TSLED Data Entry Site	Phone #		

Check the box next to the appropriate form number and enter the number of forms you need under "QUANTITY."

FORM NUMBER	NAME OF FORM	QUANTITY
<input type="checkbox"/> AA-134	REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST	
<input type="checkbox"/> AA-134A	REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST (Under Age 21, Section 1194-a)	
<input type="checkbox"/> AA-134V	REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST-VESSEL/SNOWMOBILE	
<input type="checkbox"/> AA-137A	NOTICE OF CHEMICAL TEST REFUSAL HEARING (Under Age 21, Section 1194-a)*	
<input type="checkbox"/> AA-137A.1	NOTICE OF HEARING/OPER. MV AFTER CONSUMING ALCOHOL (Under Age 21, Section 1194-a)*	
<input type="checkbox"/> DS-5	POLICE AGENCY REQUEST FOR DRIVER REVIEW	
<input type="checkbox"/> MV-14P	ENFORCEMENT AGENCY FORMS REQUISITION	
<input type="checkbox"/> MV-54.1	POLICE GUIDE TO VEHICLE & TRAFFIC LAW	
<input type="checkbox"/> MV-78B	REPORT OF LOST, STOLEN OR CONFISCATED MOTOR VEHICLE ITEMS (PADS)	
<input type="checkbox"/> MV-104	REPORT OF MOTOR VEHICLE CRASH (MOTORIST FORM)	
<input type="checkbox"/> MV-104C	BICYCLE ACCIDENT REPORT	
<input type="checkbox"/> MV-104D	POLICE SUPPLEMENTAL REPORT FOR FATAL MOTOR VEHICLE CRASHES	
<input type="checkbox"/> MV-104EN	EARLY NOTIFICATION OF A FATAL CRASH	
<input type="checkbox"/> MV-104L	POLICE INVOLVED CRASH SUPPLEMENTAL FORM	
<input type="checkbox"/> MV-104P	POLICE CRASH REPORT	
<input type="checkbox"/> MV-104S	TRUCK & BUS SUPPLEMENTAL POLICE CRASH REPORT	
<input type="checkbox"/> MV-316	PRE-ADDRESSED ENVELOPES FOR TSLE&D DATA ENTRY SITE	
<input type="checkbox"/> P-33	POLICE CRASH REPORT SUBMISSION INSTRUCTIONS	Web only No print
<input type="checkbox"/> UT-50	TRAFFIC TICKET (TSLED)	
<input type="checkbox"/> UT-60	TRAFFIC TICKET (TVB)	
<input type="checkbox"/> UT-4	ENFORCEMENT AGENCY TICKET TRANSMITTAL	
<input type="checkbox"/> UT-8	REPORT OF LOST OR VOIDED TICKETS	
<input type="checkbox"/> UT-19	DUPLICATE ARREST RECORD	

*Waivers are on the back of forms AA-137A and AA-137A.1.

Mail this requisition to:
NYS Department of Motor Vehicles
TSLED Program
6 Empire State Plaza, Room 424B
Albany NY 12228

For Faster Service:
Fax to TSLED Supply at (518) 486-6409
OR
Send an email to tsledsupply@dmv.ny.gov

