

## **CLEAR MV-104 Batch Reports**

Total Number of Crashes: 11

Number of cases with available Crash Reports: 11

Crash Reports are not available for the following cases: none

Local Codes

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

AMENDED REPORT

DMV COPY

19

1 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; Accident Reconstructed; Yes/No

20

2 VEHICLE 1: Driver License ID Number, State of Lic., Driver Name, Address, City/Town, State, Zip Code; VEHICLE 2: Driver License ID Number, State of Lic., Driver Name, Address, City/Town, State, Zip Code; BICYCLIST; PEDESTRIAN; OTHER PEDESTRIAN

21

22

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged; Name-exactly as printed on registration; Address; City or Town; State; Zip Code; Haz. Mat. Code; Released

23

24

4 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code; Ticket/Arrest Number(s); Violation Section(s)

25

6 VEHICLE DAMAGE CODING: Check if involved vehicle is; VEHICLE 1 DAMAGE CODES; VEHICLE 2 DAMAGE CODES; ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

26

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

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Place Where Accident Occurred: County, City, Village, Town; Road on which accident occurred; at 1) intersecting street; or 2) Feet Miles of

Accident Description/Officer's Notes

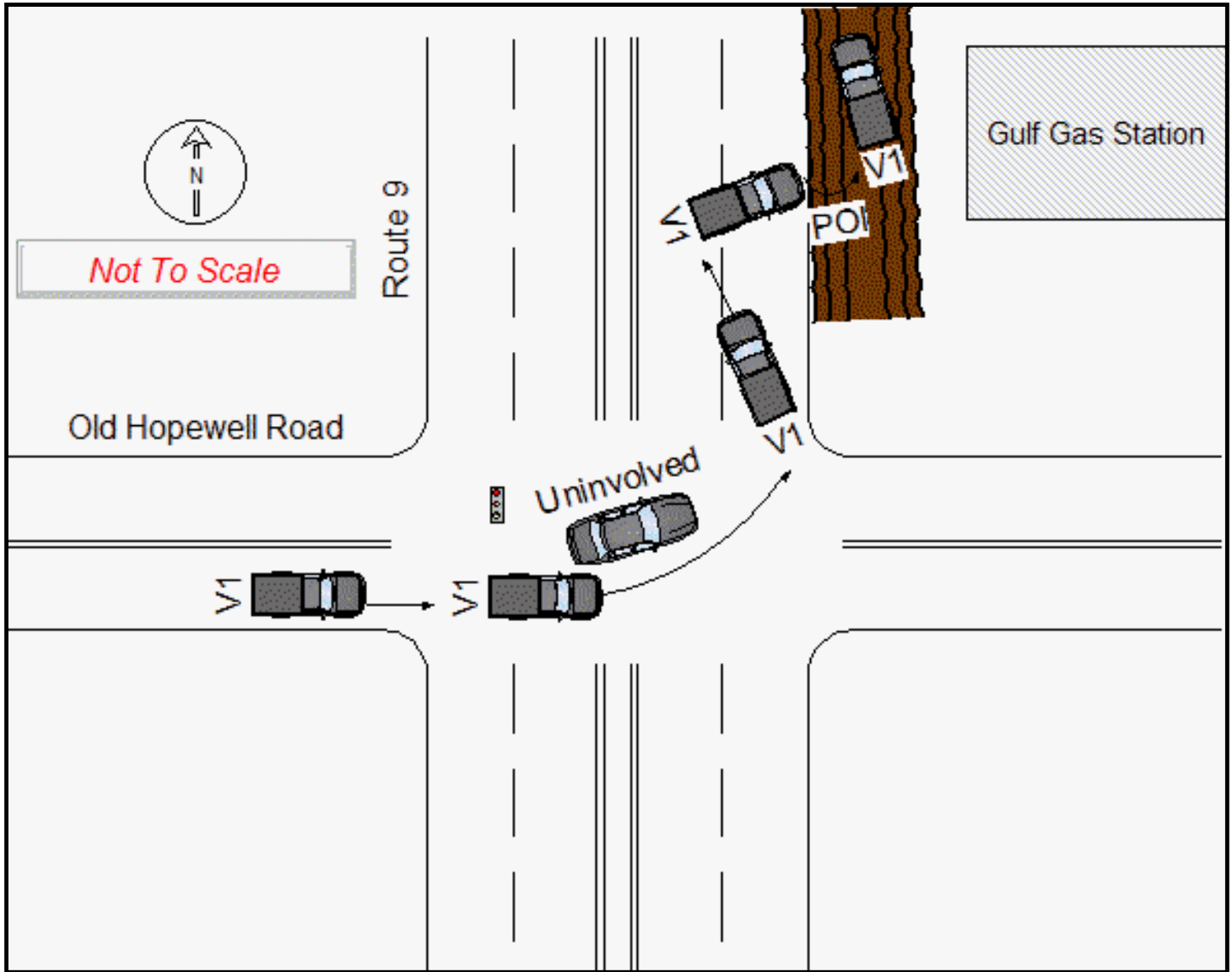
Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature, Print Name in Full, Badge/ID No., NCIC No., Precinct/Post Troop/Zone, Station/Beat/Sector, Reviewing Officer, Date/Time Reviewed

USE COVER SHEET N

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
Accident Diagram

ACCIDENT DIAGRAM



Local Codes

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

AMENDED REPORT

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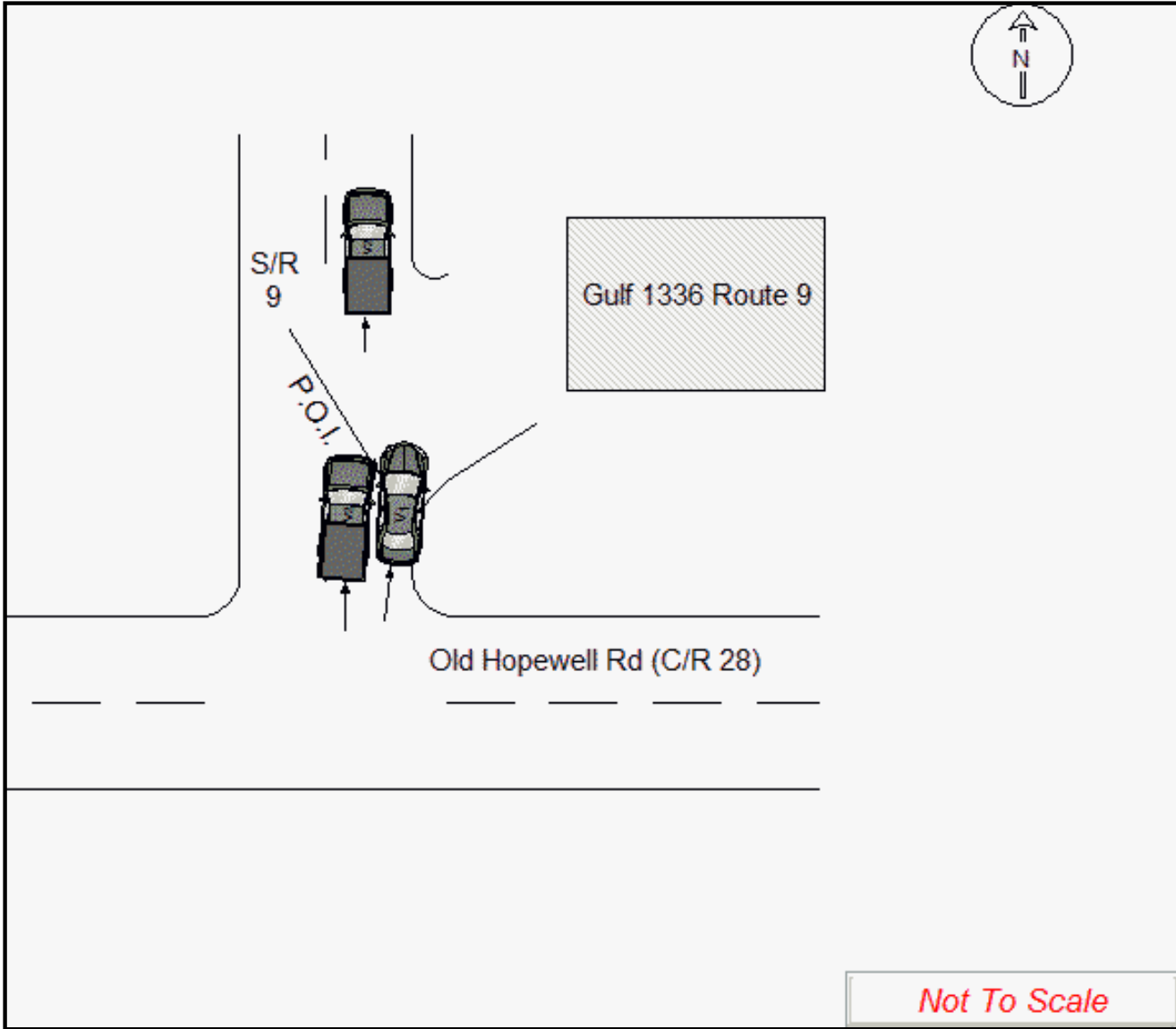
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**POLICE ACCIDENT REPORT**  
Accident Diagram

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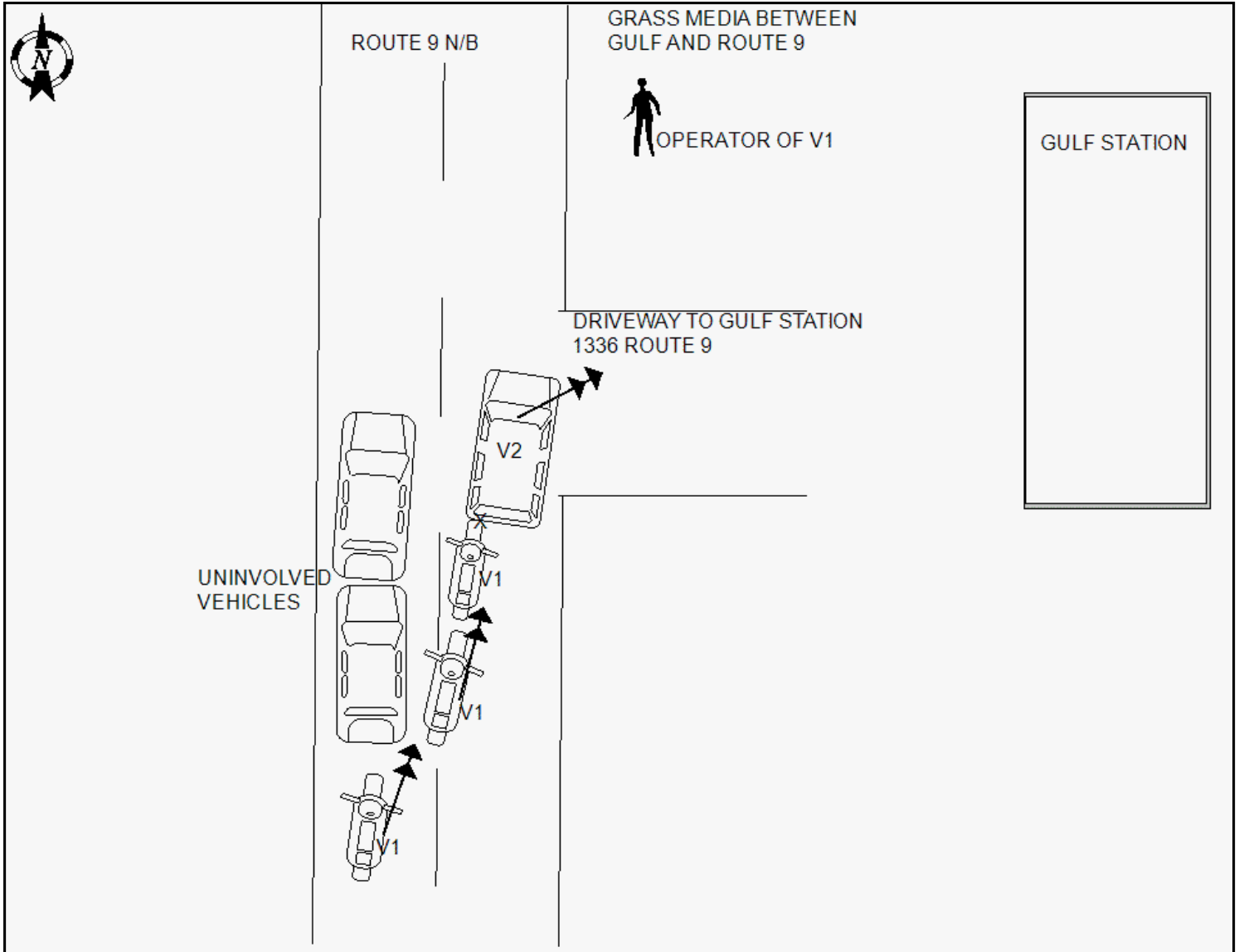
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**POLICE ACCIDENT REPORT**  
Accident Description/Officer's Notes

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3 Date of Birth; Sex; Unlicensed; No. of Occupants; Public Property Damaged; VEHICLE 1

Name - exactly as printed on registration; Sex; Date of Birth; VEHICLE 2

23

Address (Include Number & Street); Apt. No.; Haz. Mat. Code; Released; VEHICLE 1

City or Town; State; Zip Code; VEHICLE 2

24

Plate Number; State of Reg.; Vehicle Year & Make; Vehicle Type; Ins. Code; VEHICLE 1

Ticket/Arrest Number(s); Violation Section(s); VEHICLE 2

VEHICLE 1 DAMAGE CODES; VEHICLE 2 DAMAGE CODES

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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; VEHICLE 2 DAMAGE CODES; ACCIDENT DIAGRAM

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Vehicle By Towed: To

27

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

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Reference Marker; Coordinates (if available); Latitude/Northing; Longitude/Easting; Accident Description/Officer's Notes

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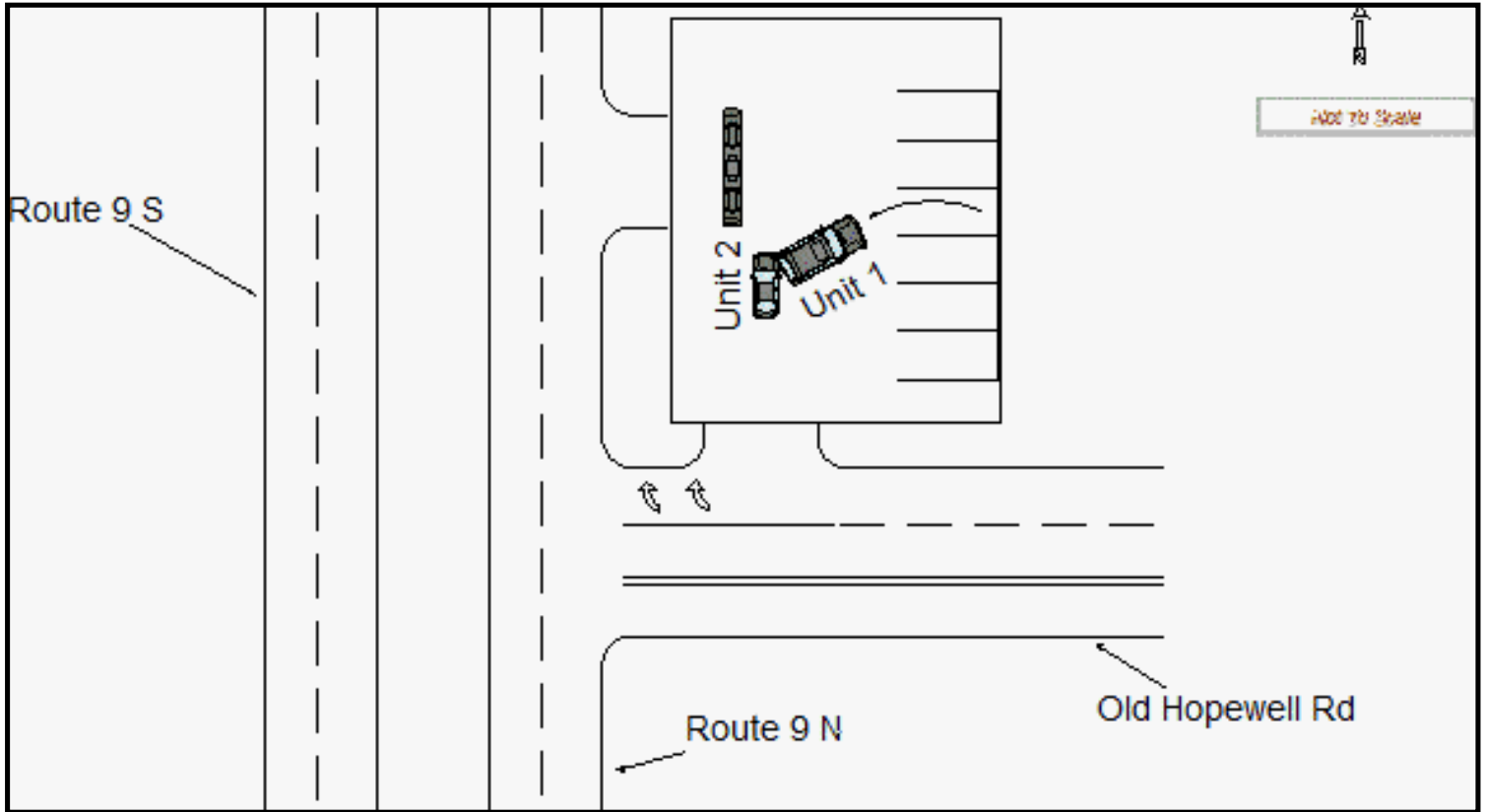
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**POLICE ACCIDENT REPORT**  
Accident Diagram

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City or Town; State; Zip Code

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Name - exactly as printed on registration; Sex; Date of Birth; Address (Include Number & Street); Apt. No.; Haz. Mat. Code; Released

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VEHICLE 1 DAMAGE CODES; Box 1 - Point of Impact; Box 2 - Most Damage; Enter up to three more Damage Codes

VEHICLE 2 DAMAGE CODES; Box 1 - Point of Impact; Box 2 - Most Damage; Enter up to three more Damage Codes

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

Diagram options: Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction)

ACCIDENT DIAGRAM

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: County; City; Village; Town of

Road on which accident occurred; (Route Number or Street Name)

at 1) intersecting street; (Route Number or Street Name)

or 2) Feet Miles; N S E W of; (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes

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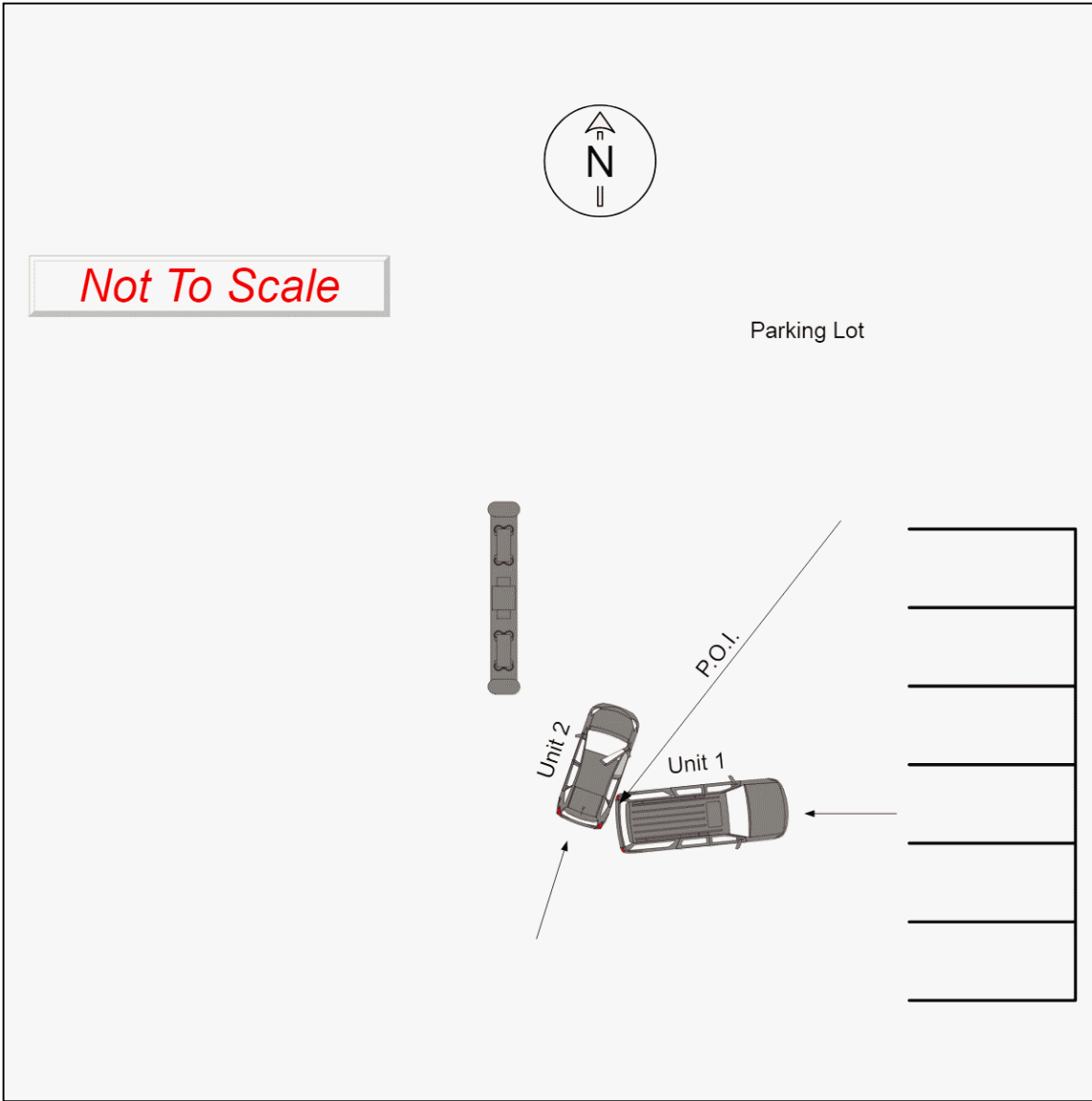
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8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only

ALL INVOLVED

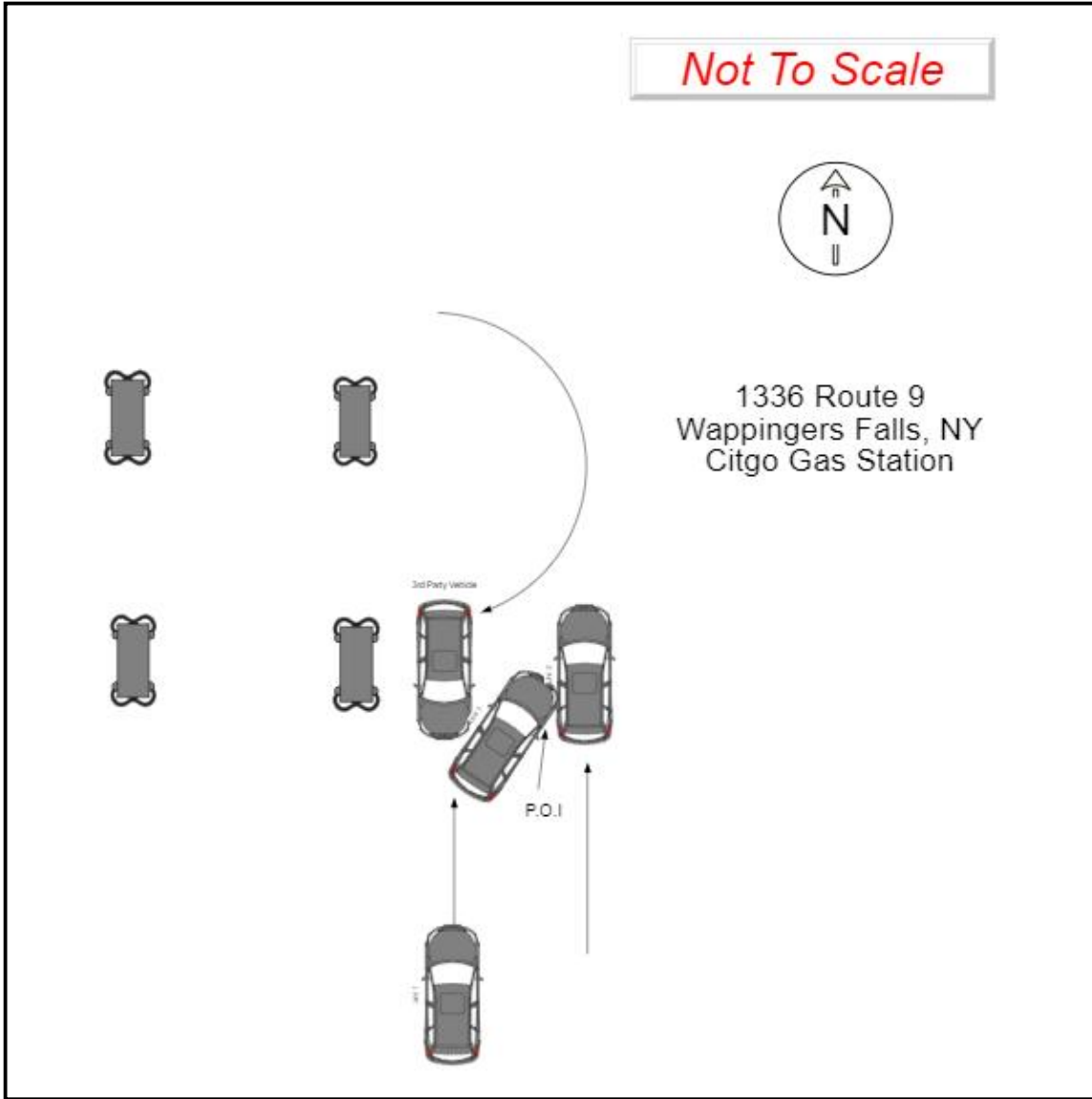
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21

22

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged; Name-exactly as printed on registration; Address; City or Town; State; Zip Code

23

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

24

5 Ticket/Arrest Number(s); Violation Section(s)

25

6 VEHICLE DAMAGE CODING: Check if involved vehicle is; VEHICLE 1 DAMAGE CODES; VEHICLE 2 DAMAGE CODES; ACCIDENT DIAGRAM

26

27

28

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

Place Where Accident Occurred: County, City, Village, Town; Road on which accident occurred; at 1) intersecting street; or 2) Feet Miles

29

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Accident Description/Officer's Notes

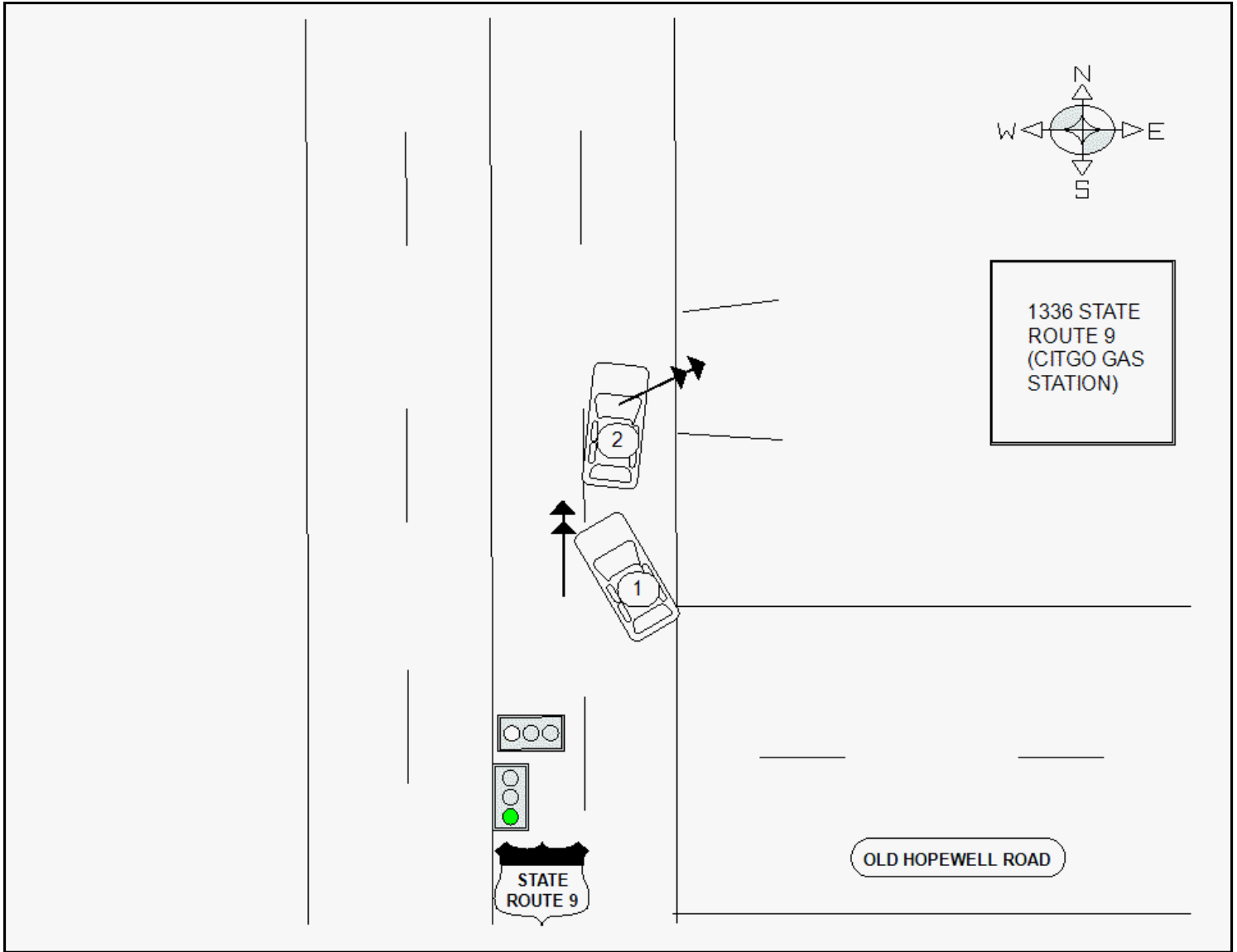
Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only

Officer's Rank and Signature; Badge/ID No.; NCIC No.; Precinct/Post/Troop/Zone; Station/Beat/Sector; Reviewing Officer; Date/Time Reviewed

USE COVER SHEET N

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
Accident Diagram

**ACCIDENT DIAGRAM**



Local Codes

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

AMENDED REPORT

DMV COPY

19

1 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; Accident Reconstructed; Yes/No

20

2 VEHICLE 1: Driver License ID Number, State of Lic., Driver Name, Address, City/Town, State, Zip Code; VEHICLE 2: Driver License ID Number, State of Lic., Driver Name, Address, City/Town, State, Zip Code; BICYCLIST; PEDESTRIAN; OTHER PEDESTRIAN

21

22

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged; Name-exactly as printed on registration; Address; City or Town, State, Zip Code; Haz. Mat. Code; Released

23

24

4 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code; Ticket/Arrest Number(s); Violation Section(s)

25

6 VEHICLE DAMAGE CODING: 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; VEHICLE 2 DAMAGE CODES; ACCIDENT DIAGRAM

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Place Where Accident Occurred: County, City, Village, Town; Road on which accident occurred; at 1) intersecting street; or 2) Feet Miles of

Accident Description/Officer's Notes

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature; Print Name in Full; Badge/ID No.; NCIC No.; Precinct/Post Troop/Zone; Station/Beat/Sector; Reviewing Officer; Date/Time Reviewed

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*Not To Scale*



Local Codes

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