

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 | 9. RR Crossing Flashing LT. |
| 2. Traffic Signal | 10. RR Crossing Gates |
| 3. Stop Sign | 11. Stopped School Bus-
Red Lights Flashing |
| 4. Flashing Light | 12. Construction Work Area |
| 5. Yield Sign | 13. Maintenance Work Area |
| 6. Officer/Guard | 14. Utility Work Area |
| 7. No Passing Zone | 20. Other* |
| 8. RR Crossing Sign | |

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 | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 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 | B. Bicyclist | O. Other * |
| 2. Vehicle No. 2 | P. Pedestrian | |

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

- | |
|------------------|
| In-Line Skates |
| C. Helmet Only |
| D. Helmet/Other |
| E. Pads Only |
| F. Stoppers Only |

0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX
M/F**APPARENT CONTRIBUTING FACTORS****HUMAN**

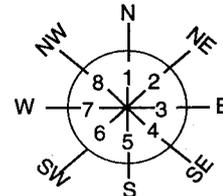
2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention *
5. Driver Inexperience *
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
8. Fell Asleep
21. Fatigued/Drowsy
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. 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
POLICE ACCIDENT REPORT
MV-104AW (7/96)**

***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
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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 | 6. In-Line Skater |
| 2. Pedestrian | 4. Animal |
| 3. Bicyclist | 5. Railroad Train |
| 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 1 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

There are only 3 valid entries for injury code boxes 14, 15 and 16:

1. Three dashes (–) indicating “does not apply” because no injury occurred.
2. Three X’s indicating 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.

The injury codes in column 14, the LOCATION OF MOST SEVERE PHYSICAL COMPLAINT, are self-explanatory. Definitions of the injury codes for columns 15 and 16 are as follows:

COLUMN 15 - TYPE OF PHYSICAL COMPLAINT:

This column is used to describe the type of physical injury sustained. The following are definitions of the Types of Physical Complaints for Column 15.

1. Amputation – Severed parts.
2. Concussion – Dazed condition as a result of blow to head.
3. Internal – No visible injury but signs of anxiety, internal pain and 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 – Dislocation, evidence of displacement of bones.
10. Contusion/Bruise – Discoloration.
11. Abrasion – Top layer of skin is scraped.
12. Complaint of pain – No visible injury noted, but victim complains of pain.
13. None Visible – No visible injuries, but victim is other than normal.

COLUMN 16 - VICTIM’S PHYSICAL AND EMOTIONAL STATUS:

Column 16 is used to describe the overall condition of the injured person. A victim’s status is defined as follows:

1. Apparent Death.
2. Unconscious – Victim unaware of surroundings, and does not respond to stimuli (verbal or physical).
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. If the vehicle is an ambulance with a New York ambulance license plate, enter the 4 numbers from the license plate. For injured persons taken for emergency medical treatment in a vehicle other than an ambulance with a NY ambulance license plate, enter the following codes in column 17:

- 9992 Helicopter
- 9993 Unknown Ambulance
- 9994 Coroner’s Van or Municipal Emergency Equip.
- 9995 Private Vehicle
- 9996 Invalid Coach (Funeral)
- 9997 Fire Vehicle
- 9998 Police Car
- 9999 Police Ambulance

COLUMN 18 – INJURED TAKEN TO: See the hospital codes on the bleed-through sheet.

For additional information on filling out this form, refer to the Police Accident Report Manual (Form P-33).