

BICYCLE ACCIDENT REPORT (NOT INVOLVING A MOVING MOTOR VEHICLE)

FOR DMV USE ONLY

				UCTIONS ON PA											
	en print the cident Date	requ	neu miorr	mation in the spac	Time of Day			cles Did police in		te Name	e of Police A	Agency			
Мо	. Day	`	Year		:	□ АМ □ РМ	·	accident at s				-			
Bic	yclist's Name:	Last		1	F	irst				ate of Bir	th				
Address: Number and Street (Include Apt. #) City/Town/Village											Ctate	☐ Male ☐ Female State Zip Code			le
Auc	iress. Numbe	i anu c	Street (Includ	ie Apt. #)		City	/ Town/ village				State	=	Zip Code		
ACCIDENT DESCRIPTION														_	
A.		1. →	Route Nun	nber/Street			Nearest Intersecting Street/Rou			Π τ				County	′
	ACCIDENT LOCATION	2. →	At Intersection: 1. Yes 2. No										\exists		
		3. →	Was there any traffic control where the accident took place?* 1.Yes 2. No												=
_	LIGHT	4. →	Road Position: 1. Traffic Lane 2. Bicycle Lane 3. Shoulder												
В.	CONDITIO	N	1. Daylight 2. Dawn 3. Dusk 4. Dark - Road Lighted 5. Dark - Road Unlighted												
C. ROAD CONDITION			1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 6. Flooded 6. Other*										_		
D. ROAD SURFACE			1. Pave	1. Paved 2. Unpaved											
E. [PRE-ACCID	ENT	Going Straight									<u> </u>			
BICYCLIST ACTION			2. Making Right Turn 5. Entering Traffic 8. Stopped in Roadway 11. Other 3. Making Left Turn 6. Starting in Traffic 9. Avoiding Object on Road												
F.	DIRECTION			Traffic Flow			ainst Traffic				_				\neg
G. FIRST			Collision	Collision With: 1. Pedestrian 2. Bicyclist 3. Animal 4. Parked Vehicle 5. Fixed Object 6. Other											=
	EVENT O		No Collision: 7. Fell Over 8. Ran Off Road 9. Other												
Н.	EQUIPME! DEFECT:	NT	1. None	e 2. Brakes	3 Tire	es/Whee	le	4. Other							$\overline{\exists}$
	DEFECT		1. 140110	Z. Brakes	0. 111		Y DESCRIP								
 I.			1. Fatal					-	Por	ortina	Ricyclist		In-Line Sk	ater	
SEVERITY OF		2. Serious* 3. Minor							Reporting Bicyclist In-Line Skat Other Bicyclist Pedestrian						
INJURIES			4. None							Bicycle Passenger					
			1 Uses	N E Chaat			Abdomor	Dolvie		<u> </u>					
LOCATION OF			1. Head5. Chest9. Abdomen-Pelvis2. Face6. Back10. Hip-Upper Leg							_	Bicyclist		In-Line Sk		
MOST SEVERE INJURY			 Eye Shoulder-Upper Arm Knee-Lower Leg-Foot Neck Elbow-Lower Arm-Hand Entire Body 							Other Bicyclist Pedestrian					
			T. INCCK	O. EIDOW-LO	wo Alli-ild	11U 1Z.	Little DO	4 y	Bicy	ycle Pa	ssenger				
K. TYPE OF MOST SEVERE INJURY		=	1. Amp		Minor Burn	rn	11. Abrasi		Rep	orting	Bicyclist		In-Line Sk	ater	
			 Concussion Moderate Burn Complaint of Pain Internal Severe Burn None Visible 						Oth	er Bicy	clist		Pedestriar	ı	
		4. Minor Bleeding9. Fracture-Dislocation14. Whiplash5. Severe Bleeding10. Contusion - Bruise						Bicy	ycle Pa	ssenger					
									<u> </u>					, [1
L.	REQUIRE		Emergency Medical Services - Hospitalized Emergency Medical Services - Not Hospitalized						Rep	orting	Bicyclist		In-Line Sk	=	
	HEALTH SERVICE			Emergency Medical Services - Not Hospitalized No Emergency Medical Services - Later Treatment					Oth	er Bicy	clist		Pedestriar	ı [_	
			4. None							ycle Pa	ssenger				
М.	BICYCLE		1. Was	Was wearing a bicycle helmet					Rep	orting	Bicyclist				
HELMET			2. Was not wearing a bicycle helmet						Oth	er Bicy	clist				
									1 -		ssenger				
Dat	te	- 1	Signature				If signe	d by person other	r than	bicyclist,	explain wh	y.			

INSTRUCTIONS FOR COMPLETING FORM

WHO MUST REPORT?

The New York State Vehicle and Traffic Law Section 605(b) requires every person riding a bicycle who is involved in an accident **occurring in New York State** in which another person is killed, or in which the bicyclist or another person suffers serious physical injury, to complete this accident report. The Penal Law definition of "serious physical injury" is provided on the bottom of this page.

If the bicyclist cannot personally complete this report because of his/her age, a parent or guardian is legally responsible for preparing and turning in the report.

NOTE: If the accident involved a **moving** motor vehicle, motorcycle or moped, and serious physical injury resulted, the bicyclist must use **form MV-104 (Report of Motor Vehicle Accident)** instead of this form.

WHEN?

The bicyclist must send this report to the Department of Motor Vehicles within ten days after the date of the accident. If the bicyclist is physically unable to do that because of injuries, he/she must complete the report as soon as he/she is able to do so.

WHERE?

After completing and signing this report, send it to:

Crash Records Center PO Box 2925 6 Empire State Plaza Albany, NY 12220-0925

HOW?

Complete all items on page 1 of this report. Most of the items have several numbered choices. In the box () on the right side of the page, next to the question you are answering, write the **number** of the choice that best answers the question.

If you use "Other" for C, E, G or H, in the Accident Description section, please explain your response in the space provided.

For I through M, be sure to complete boxes for **all** persons involved in the accident.

PENAL LAW - SECTION 10.10 DEFINITIONS

Traffic Control

Traffic controls include traffic lights, traffic signs, crossing guards or police.

Serious Physical Injury

A serious physical injury that requires reporting means a physical injury which creates a substantial risk of death, or which causes death or serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ.