

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

PAGE 1 OF 7

				BEFO	RE COI	<b>IPLET</b>	ING THI	S FOR	RM, REA	AD T	HE INSTR	UCTIO	NS IN S	SECTIO	N A <u>ON</u>	PAGE 6	F	Page _	of	
	Accident D Month	ate Day	Year	Day of W	eek	Time			umber of ehicles	Lef	t Scene	accide	olice inves ent at sce Yes 🔲 I	ne?	es, Nam	e of Police A	gency			
			_	DRIVER OF	VEHIC	E 1					□ VEHIC	E 2	□Р	EDESTF	RIAN	BICYCL	IST		HER PEDESTRI	IAN
	Driver Lice	nse ID Nun	nber				State of I	License			Driver Licen	se ID N	umber				Sta	ate of Li	cense	
	Last Name	of Driver 1			Firs	t Name			M.I.		Last Name	of Drive	r 2			First N	lame		M.I.	
	Mailing Address (Include Number & Street)								Apt. N	0.	Mailing Address (Include Number & Street) Apt. No.									
City or Town						(	State Zip Code				City or Town						State Zip Code			
	Date of Bir			D	V		Sex	No.	of cupants		Date of Birt			D		V		Sex	No. of Occupants	
	Name - ex	Month actly as prir		Day istration	Year	Date Mo	of Birth	Day	Year S	ех	Name - exa	Month otly as p		Day registration	on	Year	Date Mon	of Birth	Day Year Se	эх
	Mailing Add	dress ( <i>Inclu</i>	ide Numbe	r & Street)		•	'	'	Apt.	No.	Mailing Add	ess (Ind	clude Nui	mber & Sti	reet)		l.	'	Apt. No	0.
	City or Tow						State	Zip C			City or Towr								Zip Code	
	Plate Num	ber		State \\ of Reg.	ehicle Ye	ar & Ma	ake	Vehic	cle Type		Plate Numb	er		State of Re		Vehicle Year	& Make		Vehicle Type	
	Public Sch	ool District	Name	T	Private S	chool S	ystem Na	me			Bus Driver:	□ Re	•	Sub			Bus Ca	apacity	How many people were standing on	
											# of Years of			•			-[		the bus?	
											Training: [	n pasic		Advanced	<b>.</b>					
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	Name of Ir	surance Co	ompany Wi	nich Issued Poli	су									F	Policy Nu	mber				
Name and Address of Policyholder													F	Policy Pe	riod					
														From			То			
	If Vehicle v	vas Operate	ed Under P	ermit of ICC or	DOT, Give No. Name and Address of Perm					it Holder										
	VIN							If S	elf-Insure	d, giv	e Certificate	No.					and	l State		
	•	(0	rint Name or Represent					<u> </u>			Signature ( or Repres	entative					<u> </u>			
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ι	use of in	jury or	death. If	you are s describes wh	igning	as the	e driver	s 🗦	Death	s		d if n	ot sigi	ned ma					of your drive	



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# ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

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	Accident Date  Month Day Year			Time		AM Vehicle			accident Ye	e investiga at scene? s   No	ite If Yes,	Name of Police A	gency		_		
-	Driver License ID Number	DRIVER O	F VEHICL		State of L			☐ VEHICLE		☐ PEDI	ESTRIA	N □ BICYCL	IST O		PEDESTRIAN		
	Driver License ID Number				State of L	icense		Driver License	ווערו טו	iber			State of	License	<del>2</del>		
	Last Name of Driver 1		Firs	st Name			M.I.	Last Name of	Driver 2			First N	ame		M.I.		
	Mailing Address (Include Numb	per & Street)		A	pt. No.	Mailing Address (Include Number & Street) Apt. No.											
	City or Town			St	ate :	Zip Code		City or Town					State Zip Code				
	Date of Birth				Sex	No. of Occupan	nts	Date of Birth			_		Sex		No. of Occupants		
	Month  Name - exactly as printed on re	Day egistration	Year		□ M □ of Birth th	Day Yea	Sex	Name - exactl	Month y as prir	nted on reg	Day	Year	Date of Bir	th Day	Year Sex		
	Mailing Address (Include Numb	per & Street)					Apt. No.	Mailing Addre	ss (Inclu	de Numbe	r & Street	)			Apt. No.		
	City or Town			(	State	Zip Code		City or Town					State	Zip (	Code		
	Plate Number	State of Reg.	Vehicle Ye	ear & Mal	ке	Vehicle Ty	/ре	Plate Number			State of Reg.	Vehicle Year	& Make	Veh	icle Type		
_	Public School District Name	ı	Private S	School Sy	stem Nar	me			☐ Reg		□ Sub		Bus Capacit		v many people e standing on		
								# of Years of E	•	•		IS	-		bus?		
								Training:	Basic	□ Adv	ranced						
	Describe damage	to Vehicle 1						that describes				Descri	be damage	to Veh	nicle 2		
	Estimated Cost of Repairs □ \$1501 to \$2000 □ \$2001 to	00 <b>Yo</b>		ur own d le is No.	1.		provided (9). DIAGRAM	MUMBE	i ine venio	ies.	Estimated Cost of		01 to \$1500 O Over \$2500				
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	Route No. or Street Name  Accident Description (Git  Identify Damaged Property Oth  Name of Insurance Company V	er Than Vehicle Which Issued Po	version)	vn of age	lo. Name	and Address	s of Perm	- □ Feet □ At Interso	⊐S	□ E □ W of	Polid Polid	Rou ey Number	ite No. or Si	reet N	ame		
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	Route No. or Street Name  Accident Description (Git  Identify Damaged Property Oth  Name of Insurance Company V  Name and Address of Policyho  If Vehicle was Operated Under	er Than Vehicle Which Issued Po Ider  Permit of ICC of	version)	vn of age	lo. Name	_		→ □ Feet □ At Interse	Section W	U W of	Polid Polid	Rou cy Number cy Period	ite No. or Si	To .	ame		



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# ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

			BEFO	RE COM	PLETI	NG THIS	S FORM	I, READ	THE INS	TRUCTI	ONS IN	SECTIO	ON A	ON PAGE 6	F	Page _	of	-
	Accident Date Month Day	Year	Day of V		Time			nber of Le	ft Scene	accid	ent at sce Yes	ene? No		Name of Police A				
-	Driver License ID N	umber	DRIVER OF	VEHICL		State of L	icense		☐ VEH	ICLE 2		PEDEST	TRIAN	BICYCL		OTH te of Lie	HER PEDESTRIAN	L
	Divor Election ID IV	umboi				oldio oi E			Dilvoi Li	ocnoc ib	<b>T</b>				Oic	ito oi Ei	501100	_
	Last Name of Driver	· 1		First	Name			M.I.	Last Nar	ne of Driv	er 2			First N	lame		M.I.	
	Mailing Address (Inc	dude Numb	er & Street)					Apt. No.	Mailing A	Address (I	nclude Nu	ımber & S	Street)				Apt. No.	
	City or Town				St	ate 2	Zip Code		City or T	own				State Zip Code			-	
	Date of Birth  Month	Voor	Sex No. of Occupants					Birth	th	Day	,	Voor	- 1	Sex	No. of Occupants	-		
	Name - exactly as p	rinted on re	Day egistration	Year		of Birth		Year Sex	Name - 6	Mon exactly as	printed or	Day n registra		Year		of Birth	Day Year Sex	• Г
	Mailing Address (Ind	clude Numb	er & Street)					Apt. No.	Mailing A	Address (I	nclude Nu	ımber & S	Street)				Apt. No.	- L
	City or Town				;	State	Zip Cod	e	City or T	own					Sta	ite	Zip Code	- Г
	Plate Number		State of Reg.	Vehicle Yea	nicle Year & Make Vehicle T			Туре	Plate Number			Stat of R		Vehicle Year	& Make		Vehicle Type	
-	Public School Distric	ct Name		Private So	chool Sy	stem Nan	ne		Bus Driv		Regular	□Sı			Bus Ca	apacity	How many people were standing on	•
										rs of Expe ☐ Bas	rience Drivic	ving Scho		S	-		the bus?	_
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	Identify Damaged P			,								T	Police	/ Number				•
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	Name and Address	Policy Period From						iod To										
	If Vehicle was Opera	ated Under	Permit of ICC or	NYS DOT	, Give N	o. Name	and Add	ress of Perr						- FOUTI			10	
	VIN						If Self	f-Insured, gi	ve Certific	ate No.					and	State		- 「
e		Print Name (or Represe of Vehicle	entative*)				ı			re of Driv					ı			Ī
١	representative ma			ne driver is	s unab	le to sigi	n	Injury			port is	s not	cons	idered com	plete a	and fi	led unless it is	3
	ise of injury or sentative, check th						» П	Death	signed, license					sult in the	susper	nsion	of your driver's	3



ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

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			BEFO	DRE COMP	PLETING TH	HIS FOR	RM, READ	THE INST	RUCT	TIONS	IN SEC	TION A	ON PAGE 6	Page _	of				
	Accident Date Month Day	Yea	Day of V	Veek	Time	AM Ve	umber of Lehicles	eft Scene	aco	d police cident at □ Yes	t scene?	te If Yes	, Name of Police Ag	ency					
_	Driver License ID	Number	DRIVER OF	VEHICLE		f License		Driver Lic			☐ PEDE	STRIA	N BICYCLI	ST DOT	HER PEDESTI	RIAN			
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	Last Name of Dri	ver 1		First N	Name		M.I.	Last Nam	e of Dr	iver 2			First Na	ame	M.I.				
	Mailing Address (	Include Nun	nber & Street)				Apt. No.	Mailing A	Mailing Address (Include Number & Street)										
	City or Town				State	Zip Coo	de	City or To	wn					State Zip Code					
	Date of Birth	th	Day	Year	Sex	No.	of cupants	Date of E		onth		Day	Year	Sex	No. of Occupants				
	Name - exactly a			Tour	Date of Birth Month		Year Sex	Name - e					Tour	Date of Birth Month		Sex			
	Mailing Address (	Include Num	nber & Street)				Apt. No	o. Mailing A	ddress	(Include	e Numbe	& Stree	t)	1	Apt.	No.			
	City or Town				State	Zip Co	ode	City or To	wn					State	Zip Code				
	Plate Number		State of Reg.	Vehicle Year	& Make	Vehic	cle Type	Plate Nur	nber			State of Reg.	Vehicle Year 8	& Make	Vehicle Type				
-	Public School Dis	trict Name	1	Private Sch	nool System N	lame		Bus Drive	er: 🗆	Regula	ar I	⊐Sub	ı	Bus Capacity	How many peop				
								# of Years			Driving		us		the bus?	-·· _			
<u> </u>								Training:	⊔ В	2910	⊔ Adv	anceu							
	Describ	e damage	to Vehicle 1		r the diagran							les.	Describ	e damage to	o Vehicle 2				
	Estimated Cost of \$1501 to \$200		□ \$1001 to \$150 to \$2500 □ Over	O Your	vehicle is N		-	NT DIAGRA	. ,				Estimated Cost of Repairs ☐ \$1001 to \$1 ☐ \$1501 to \$2000 ☐ \$2001 to \$2500 ☐ O						
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	Route No. or S	treet Name		☐ Village				☐ Mile	s 🗆 I	N I	 D E		Rou	te No. or Stre	eet Name				
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	Accident Des	ription (G	Give your own v	ersion)															
	Identify Damaged	Property O	ther Than Vehicle	(s)															
	Name of Insurance	e Company	Which Issued Po	licy								Poli	cy Number						
	Name and Addre				Policy Period														
				1067 -					From						То				
	If Vehicle was Op	erated Unde	er Permit of ICC o	r NYS DOT,	Give No. Nar	ne and Ad	ddress of Pe	rmit Holder											
	VIN					If Se	elf-Insured, ç	give Certifica	te No.					and State		<u> </u>			
te	,	(or Repre	ne of Driver			ı		Signatur (or Repr	resenta		<b>)</b>			ı		$\sqcap^{\sqcup}$			
A	representative r	of Vehicle nay sign fo		ne driver is	unable to s	ign <b>г</b>	Injury	of Vehic		repor	t is n	ot con	sidered comp	lete and f	filed unless	it is			
	use of injury sentative, check	or death.	If you are	signing as	the drive	er's 📙	Death		and i	f not	signed	may	result in the s						

INJURY SECTION ALL PERSONS INJURED OR KILLED (SEE INSTRUCTION 7 ON PAGE 6) Check proper column(s). See instruction 7 on Page 6. Which Veh. Occ. Safety Equip. Used Seated/ Standing If Deceased, Enter Name of All Persons Injured or Killed В С Describe Injuries Sex Date of Death ALL PERSONS INJURED OR KILLED

# **SECTION A**

You must report within 10 days any accident occurring in New York State causing death, personal injury or damage over \$1000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed.

Fill in the 15 boxes to the right by entering the number of the item which best describes the circumstances of the accident. If a question does not apply, enter a dash (-). If an answer is unknown, enter an "x".

\*Don't fold this internet form. Instead, place page 6 over page 1, with the arrows on page 6 pointing to the boxes on the right edge of page 1.

**VEHICLE INVOLVEMENT -** If you were in an accident involving:

- two-cars, enter your information in the VEHICLE 1 section and the other driver's information in the VEHICLE 2 section.
- a pedestrian, bicyclist or other pedestrian (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for VEHICLE 2 and check the appropriate box.
- a vehicle other than a motor vehicle (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for VEHICLE 2.
- an unoccupied vehicle, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the VEHICLE 2 block.
- more than two vehicles, fill out additional accident reports. On these reports, place the information for the third vehicle in the Space marked VEHICLE 1 and mark it #3. Use the space marked VEHICLE 2 for the fourth vehicle, and mark it # 4 and so on. Additional forms are available at any Motor Vehicles office.
- **OPERATE:** DRIVER Enter the information for each driver EXACTLY as it appears on his/her driver
- **REGISTRANT** Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- SCHOOL/VEHICLE Enter the name of the school and information about the vehicle involved in the accident.
- 4 VEHICLE DAMAGE Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.
- **6** ACCIDENT LOCATION Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street.
- **(6) INSURANCE** Enter damage to private property, if any, insurance policy information and VIN. Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE IS INJURED OR DECEASED. SEND THE REPORT AS FOLLOWS:
  - Copy 1: NYS Dept. of Motor Vehicles, Accident Records Bureau, 6 Empire State Plaza PO Box 2925, Albany NY 12220-0925
  - Copy 2: NYS Education Department, Office of Educational/Management Services, Public Transportation Unit, Room 876 EBA, 89 Washington Avenue, Albany NY 12234
  - Copy 3: NYS Dept. of Transportation, Bus Safety Section POD53, 50 Wolf Road, Albany NY 12232
  - Copy 4: Keep for school records.
- **7** ALL PERSONS INJURED OR KILLED List the names of all persons injured or killed in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. (Complete Form MV-104F.1, Continuation Sheet, if necessary.) In the ALL PERSONS INJURED OR KILLED section of that form, provide the required information for everyone else who was injured or killed in the accident. Enter the following codes in the appropriate columns:

#### SAFETY EQUIPMENT USED

 □In-Line Skater/Bicyclist 1. None 8. Air Bag Deployed/Lap Belt 2. Lap Belt 9. Air Bag Deployed/ C.Helmet Only 3. Shoulder Restraint Shoulder Restraint D.Helmet/Other A. Air Bag Deployed/ Lap Belt/Restraint 4. Lap Belt Restraint E. Pads Only 5. Child Restraint Only B. Air Bag Deployed/Child Restraint F. Stoppers Only

7. Air Bag Deployed

#### SEATED/STANDING CODES

6. Helmet (Motorcycle Only) O. Other

D - Person was seated in the bus. E - Person was standing in the bus.

**INJURY** - Check all column(s) that apply and DESCRIBE INJURIES:

- A Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.
- B Lump on head, abrasions, minor lacerations.
- C Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

# SECTION B

**USE TO COMPLETE** BOXES 1-7 and 23-30 ON PAGE 1 INSIDE THE

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION Pedestrian/Bicyclist/Other Pedestrian at Intersection

2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

# PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- Crossing, With Signal
- 2. Crossing, Against Signal
- Crossing, No Signal, Marked Crosswalk
- Crossing, No Signal or Crosswalk
- Riding/Walking/Skating Along Highway With Traffic
- Riding/Walking /Skating 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
- Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway
- 14. Not in Roadway

#### TRAFFIC CONTROL

- None Traffic Signal
- 3.
- Stop Sign
- Flashing Light
- Yield Sign Officer/Guard
- No Passing Zone
- RR Crossing Sign
- RR Crossing Flashing Light 20. Other

#### LIGHT CONDITIONS 1. Daylight 3. Dusk

- Dawn 4. Dark-Road Lighted

# ROADWAY CHARACTER

- Straight and Level
- Straight and Grade
- Straight at Hillcrest
- ROADWAY SURFACE CONDITION Dry 3. Muddy Slush
- 1. 2 Wet 6.
- WEATHER 2. Cloudy 3. Rain 1. Clear
  - 4. Snow
- 6. Fog/Smog/Smoke 0. Other
- **DIRECTION OF TRAVEL**



- North 2. Northeast
- 3. Fast
- 4. Southeast
  - 8. Northwest

12. Changing Lanes

18. Police Pursuit

6. In-Line Skater

8. Other Pedestrian

22. Snow Embankment

23. Earth Embankment/

Rock Cut/Ditch

Guide Rail - End

Second

**Event** 

Fire hydrant

Median - End

30. Other Fixed Object

10. Other Object (Not Fixed)

7. Deer

13. Passing 14. Merging

15. Backing

20. Other

COLLISION WITH

10. RR Crossing Gates

14. Utility Work Area

16. School Zone

11. Stopped School Bus-Red

Lights Flashing

12. Construction Work Area

13 Maintenance Work Area

15. Police/Fire Emergency

4. Curve and Level

5. Curve and Grade

6. Curve at Hillcrest

Sleet/Hail/Freezing Rain

5. South

6.

7

11. Avoiding Object in Roadway

16. Making Right Turn on Red

17. Making Left Turn on Red

5.Dark-Road Unlighted

0. Other

Southwest

2

West

#### PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 3. Making Left Turn
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position Parked

#### LOCATION OF FIRST EVENT 1. On Roadway

2. Off Roadway TYPE OF ACCIDENT

- Other Motor Vehicle 2. Pedestrian
- 3. Bicyclist 4 Animal
- 5. Railroad Train

#### COLLISION WITH FIXED OBJECT 11. Light Support/Utility Pole 21. Median - Not At End

- 12. Guide Rail Not At End Crash Cushion
- 14. Sign Post 15. Tree
- 16. Building/Wall 17. Curbing
- 18. Fence 19. Bridge Structure
- 20. Culvert/Head Wall
- 31. Overturned 32. Fire/Explosion
- NO COLLISION

25.

26.

33. Submersion

Barrier

- 34. Ran Off Roadway Only 40. Other
- \* Explain in Accident Description PAGE 6 OF 7

# **SECTION C**

Section 142 of the Vehicle and Traffic law defines a school bus as:

"Every motor vehicle owned by a public or governmental agency or private school and operated for the transportation of pupils, children of pupils, teachers and other persons acting in a supervisory capacity, to or from school or school activities or privately owned and operated for compensation for the transportation of pupils, children of pupils, teachers and other persons acting in a supervisory capacity to or from school or school activities."

**NOTE**: To report an accident on Form MV-104F, the following two conditions must apply:

- 1. the vehicle(s) involved in the accidents must be **actually transporting** one or more pupils, children of pupils, teachers or supervisory personnel to or from school or a school activity; and
- 2. the transporting vehicle(s) must be either owned or contracted for by the school.

If both conditions are not met, you may be required to file Form MV-104, Report of Motor Vehicle Accident.

For additional forms, write:

NYS-DMV Inventory Services 6 Empire State Plaza Albany, New York 12228 Fax (518) 402-1189

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