



ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 6

Page _____ of _____

Accident Date, Day of Week, Time, Number of Vehicles, Left Scene, Did police investigate accident at scene?, If Yes, Name of Police Agency

DRIVER OF VEHICLE 1, DRIVER OF VEHICLE 2, DRIVER OF PEDESTRIAN, DRIVER OF BICYCLIST, DRIVER OF OTHER PEDESTRIAN

REGISTRANT, Name - exactly as printed on registration, Date of Birth, Sex, Mailing Address, City or Town, State, Zip Code, Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type

SCHOOL/VEHICLE, Public School District Name, Private School System Name, Bus Driver, # of Years of Experience Driving School Bus, Training, Bus Capacity, How many people were standing on the bus?

VEHICLE DAMAGE, Describe damage to Vehicle 1, Describe damage to Vehicle 2, ACCIDENT DIAGRAM, Estimated Cost of Repairs

ACCIDENT LOCATION, County of Accident, Nearest Intersecting Route/Street, Route No. or Street Name

Accident Description (Give your own version)

INSURANCE, Identify Damaged Property Other Than Vehicle(s), Name of Insurance Company Which Issued Policy, Policy Number, Name and Address of Policyholder, Policy Period, VIN, If Self-Insured, give Certificate No., and State

Date, Print Name of Driver (or Representative*) of Vehicle 1, Signature of Driver (or Representative*) of Vehicle 1

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. Injury, Death

An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license and/or registration.



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Main form body containing sections: DRIVER OF VEHICLE 1, DRIVER OF VEHICLE 2, REGISTRANT, SCHOOL/VEHICLE, VEHICLE DAMAGE, ACCIDENT LOCATION, Accident Description, INSURANCE, and Signature/Date fields.

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[] Death

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7 ALL PERSONS INJURED OR KILLED (SEE INSTRUCTION 7 ON PAGE 6)

INJURY SECTION
Check proper column(s). See instruction 7 on Page 6.

Name of All Persons Injured or Killed	Which Veh. Occ.	Safety Equip. Used	Age	Sex	Seated/ Standing	A	B	C	If Deceased, Enter Date of Death	Describe Injuries

ALL PERSONS INJURED OR KILLED

NOTE: If more people were involved, use form MV-104F.1, CONTINUATION SHEET

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.

- DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
 - 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.
 - 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.
 - ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street.
 - 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.
- 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

- | | | |
|-----------------------------|---|---|
| 1. None | 8. Air Bag Deployed/Lap Belt | ↓ In-Line Skater/Bicyclist
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only |
| 2. Lap Belt | 9. Air Bag Deployed/ | |
| 3. Shoulder Restraint | Shoulder Restraint | |
| 4. Lap Belt Restraint | A. Air Bag Deployed/ Lap Belt/Restraint | |
| 5. Child Restraint Only | B. Air Bag Deployed/Child Restraint | |
| 6. Helmet (Motorcycle Only) | O. Other | |
| 7. Air Bag Deployed | | |

SEATED/STANDING CODES

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

INJURY

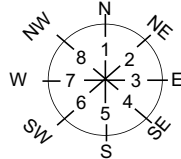
 - Check all column(s) that apply and DESCRIBE INJURIES:

- 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

Be sure your answers are marked INSIDE THE BOXES ON PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION		PAGE 1
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection		
PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION		1
1. Crossing, With Signal 2. Crossing, Against Signal 3. Crossing, No Signal, Marked Crosswalk 4. Crossing, No Signal or Crosswalk 5. Riding/Walking/Skating Along Highway With Traffic 6. 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 10. Working in Roadway 11. Playing in Roadway 12. Other Actions in Roadway 13. Not in Roadway		2
TRAFFIC CONTROL		3
1. None 2. Traffic Signal 3. Stop Sign 4. Flashing Light 5. Yield Sign 6. Officer/Guard 7. No Passing Zone 8. RR Crossing Sign 9. RR Crossing Flashing Light 10. RR Crossing Gates 11. Stopped School Bus-Red Lights Flashing 12. Construction Work Area 13. Maintenance Work Area 14. Utility Work Area 15. Police/Fire Emergency 16. School Zone 20. Other		
LIGHT CONDITIONS		4
1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted		
ROADWAY CHARACTER		5
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		6
1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 6. Flooded 0. Other		
WEATHER		7
1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other		
DIRECTION OF TRAVEL		Veh. 1. 23 2. 24
 1. North 2. Northeast 3. East 4. Southeast 5. South 6. Southwest 7. West 8. Northwest		
PRE-ACCIDENT VEHICLE ACTION		Veh. 1 25 2 26
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 10. Parked 11. Avoiding Object in Roadway 12. Changing Lanes 13. Passing 14. Merging 15. Backing 16. Making Right Turn on Red 17. Making Left Turn on Red 18. Police Pursuit 20. Other		
LOCATION OF FIRST EVENT		27
1. On Roadway 2. Off Roadway		
TYPE OF ACCIDENT		First Event 28
COLLISION WITH 1. Other Motor Vehicle 2. Pedestrian 3. Bicyclist 4. Animal 5. Railroad Train 6. In-Line Skater 7. Deer 8. Other Pedestrian 10. Other Object (Not Fixed)		
COLLISION WITH FIXED OBJECT 11. Light Support/Utility Pole 12. Guide Rail - Not At 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 22. Snow Embankment 23. Earth Embankment/Rock Cut/Ditch 24. Fire hydrant 25. Guide Rail - End 26. Median - End 27. Barrier 30. Other Fixed Object		Veh. 1 29 2 30 Second Event
NO COLLISION 31. Overturned 32. Fire/Explosion 33. Submersion 34. Ran Off Roadway Only 40. Other		

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