

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

DΛ	CE	1	OF	7

		BEF	ORE CON	<i>IPLETING</i>	THIS	FORM, R	READ	THE INSTRU	CTION	S IN SE	CTION A	ON PAGE 6	Pag	ge of			
	Accident Date Month Day Ye	Day of	Week	Time		Number Vehicles		ft Scene	accident	at scene' s □ No	?	Name of Police A	gency				
)	Driver License ID Number	DRIVER (OF VEHICL		te of Lic	rense		☐ VEHICLI			ESTRIA	N □ BICYCL		OTHER PEDESTRIAN of License			
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	Last Name of Driver 1		Firs	t Name		N	M.I.	Last Name of	Driver 2	!		First N	lame	M.I.			
DRIVER	Mailing Address (Include Number & Street) Apt. No.							Mailing Addre	ss (Inclu	ide Numb	er & Stree	f)		Apt. No.			
2	City or Town State Zip Code							City or Town State Zip Code									
	Date of Birth			Sex		No. of Occupants		Date of Birth					Se				
_	Month	Day	Year		M D I	F		Name aves	Month		Day	Year		□ M □ F Occupants			
	Name - exactly as printed o	n registration		Date of B Month		Year	Sex	Name - exact	iy as prii	nea on re	gistration		Date of I Month	Birth Sex Sex			
	Mailing Address (Include Nu	ımber & Street)		•	•	Α	Apt. No.	Mailing Addre	ss (Inclu	ide Numb	er & Stree	t)	•	Apt. No.			
KEGIS I KAN	City or Town			Stat	te	Zip Code		City or Town					State	Zip Code			
REG	Plate Number	State of Reg.	Vehicle Ye	ar & Make		Vehicle Typ	е	Plate Number			State of Reg.	Vehicle Year	& Make	Vehicle Type			
•	Public School District Name	•	Private S	chool Syster	m Nam	ie		Bus Driver:	☐ Reg	ular	□Sub	•	Bus Capa	How many people were standing on			
CLE								# of Years of			•	us	-	the bus?			
VEHICLE								Training:	Basic	□ Ad	lvanced						
•	Describe damag	je to Vehicle 1						I that describes				Descri	be damaç	ge to Vehicle 2			
•	Estimated Cost of Repairs			draw your our vehicle is		l.	-	e provided (9).	Numbe	r the vehi	cles.	Estimated Cost	•	□ \$1001 to \$1500			
	□ \$1501 to \$2000 □ \$2001	to \$2500 □ Ove	er \$2500	ear End		AC	CIDENT Right An	T DIAGRAM	rn li	Head On		□ \$1501 to \$200	0 🗆 \$200	1 to \$2500 □ Over \$2500			
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LOCATION	Route No. or Street Nar	ile						■ □ Feet □ At Inters	□S	☐ W of	f	Kol	ile NO. Or	Street Name			
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•											Poli	cy Period					
	Name and Address of Policy	holder												-			
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	Name and Address of Police If Vehicle was Operated Unit		or NYS DO	T, Give No. I	Name a	and Address	of Pern	nit Holder						То			
			or NYS DO	T, Give No. I	Name a	,		nit Holder ve Certificate N	0.				and St				
SANCE	If Vehicle was Operated Uni VIN Print Na	der Permit of ICC ame of Driver resentative*)	or NYS DO	T, Give No. I	Name a	,			Driver	,			and St				



ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

PAGE 2 OF 7

				BEFO	DRE COM	PLETI	NG THIS	S FORM,	READ	THE INSTR	JCTIONS	IN SEC	TION A	ON PAGE 6		Page _		of	
	Accident D Month	Date Day	Year	Day of V		Time		Numb Vehicl		eft Scene	accident a	at scene?		Name of Police A					
	Driver Lice	ense ID Num	nber	DRIVER OF	F VEHICLI		State of L	icense		Driver Licens		□ PEDI ber	<u>ESTRIA</u>	N □ BICYCI		OTI ate of Li		<u>DESTRIAN</u>	
	Last Name	of Driver 1			First	Name			M.I.	Last Name o	f Driver 2			First N	Name			M.I.	
	Mailing Address (Include Number & Street) Apt. No.							Mailing Addr	ess (Includ	le Numbe	r & Street	t)				Apt. No.			
City or Town State Zip Code							City or Town Date of Birth					St	_	Zip Code					
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			_	/hich Issued Po	. ,								Poli	cy Number					
	Name and	Name and Address of Policyholder											Poli	cy Period					
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	If Vehicle v	was Operate	ed Under I	Permit of ICC o	r NYS DOT,	, Give N	o. Name	and Addres	ss of Perr	mit Holder									
	VIN							If Self-Ir	nsured, gi	ve Certificate I	No.				and	d State			
ite		(0	rint Name or Represe Vehicle 1	entative*)						Signature of (or Represe of Vehicle 1	entative*)	•							
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PAGE 3 OF 7

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Public School District Name Private School System Name Sub Driver: Regular Sub Bus Capacity How many people were standing on the bus?		Plate Num	ber		1	Vehicle Yea	r & Ma	ke	Vehicle 7	Туре	Plate Nu	mber				Vehicle Year	& Mak	e	Vehicle 7	Туре
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ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

PAGE 4 OF 7

				BEFC	RE COM	PLETIN	G THIS	FORM,	READ	THE INST	UCTIO	NS IN S	SECTI	ON A	ON PAGE 6	Pag	e		of
	Accident Date Month D	ay	Year	Day of W	/eek	Time		Numb Vehicl		eft Scene	accide	lice inves nt at sce /es	ne?	If Yes, I	Name of Police Ag	gency			
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	Name - exactly		nted on re		. oa.	Date of Month	Birth		Sex	Name - exa						Date of B Month	irth	<u> </u>	Year Sex
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VEHICLE											# of Years of Experience Driving School Bus were standing on the bus?								
_										Training:	☐ Basic	_	Advand	ced					
	Desc	cribe da	amage to	Vehicle 1						that describ					Describ	be damage	e to '	Vehicle	2
	Estimated Cost of Repairs							e provided (T DIAGRAM). Numb	er the v	enicles		Estimated Cost o			\$1001 to	I		
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	If Vehicle was	Operate	ed Under I	Permit of ICC or	NYS DOT,	Give No.	Name	and Addre	ss of Perr	mit Holder									
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ate	,	(0	rint Name					1		Signature (or Repre	sentative'					1			
A	representative	_	Vehicle 1	the driver if th	e driver is	unable	to siar	1 🗖	ium:	of Vehicle An accid		oort is	not	cons	idered comp	olete and	i fil	ed un	less it is
ı	use of injury sentative, che	y or o	death. I	f you are s	signing a	s the	driver's	, H.,	eath		nd if n	ot sigi	ned n	nay re	esult 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.
- **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												
1. None	8. Air Bag Deployed/Lap Belt	□ In-Line Skater/Bicyclist										
2. Lap Belt	9. Air Bag Deployed/	CHI LOI										
3. Shoulder Restraint	Shoulder Restraint	C.Helmet Only										
4. Lap Belt Restraint	A. Air Bag Deployed/ Lap Belt/Restraint	D.Helmet/Other										
5. Child Restraint Only	B. Air Bag Deployed/Child Restraint	E. Pads Only										
6 Helmet (Motorcycle Only)	O Other	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

- 1. 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 5.Dark-Road Unlighted 4. Dark-Road Lighted

Dawn

- ROADWAY CHARACTER
- Straight and Level
- Straight and Grade
- Straight at Hillcrest
- ROADWAY SURFACE CONDITION 1. Dry 3. Muddy Slush
- 2 6. Wet WEATHER 2. Cloudy Sleet/Hail/Freezing Rain
- 3. Rain 6. Fog/Smog/Smoke 1. Clear 4. Snow 0. Other

DIRECTION OF TRAVEL



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

11. Avoiding Object in Roadway

16. Making Right Turn on Red

17. Making Left Turn on Red

12. Changing Lanes

18. Police Pursuit

6. In-Line Skater

8. Other Pedestrian

21. Median - Not At End

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

5. South

6.

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

0. Other

Southwest

Veh

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

2. Off Roadway 1. On 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

- 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 34. Ran Off Roadway Only 40. Other

Barrier

* 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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