



**BICYCLE ACCIDENT REPORT**  
**(NOT INVOLVING A MOVING MOTOR VEHICLE)**

FOR DMV USE ONLY

**PLEASE READ ALL INSTRUCTIONS ON PAGE 2 OF THIS FORM.**

Then print the required information in the spaces below. Use black ink.

Accident Date Mo.    Day    Year	Day of Week	Time of Day :    : <input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Bicycles	Did police investigate accident at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Police Agency
Bicyclist's Name: Last		First	M.I.	Date of Birth	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address: Number and Street (Include Apt. #)			City/Town/Village	State	Zip Code

**ACCIDENT DESCRIPTION**

<b>A.</b>	<b>1. →</b>	Route Number/Street	Nearest Intersecting Street/Route	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	County
<b>ACCIDENT LOCATION</b>	<b>2. →</b>	At Intersection: 1. Yes    2. No			<input type="checkbox"/>
	<b>3. →</b>	Was there any traffic control where the accident took place?*			<input type="checkbox"/>
	<b>4. →</b>	Road Position: 1. Traffic Lane    2. Bicycle Lane    3. Shoulder			<input type="checkbox"/>
<b>B.</b>	<b>LIGHT CONDITION</b>	1. Dawn    2. Daylight    3. Dusk    4. Dark Road (Lit)    5. Dark Road (Unlit)			<input type="checkbox"/>
<b>C.</b>	<b>ROAD CONDITION</b>	1. Dry    2. Wet    3. Muddy    4. Snow/Slush Covered    5. Icy    6. Other _____			<input type="checkbox"/>
<b>D.</b>	<b>ROAD SURFACE</b>	1. Paved    2. Unpaved			<input type="checkbox"/>
<b>E.</b>	<b>PRE-ACCIDENT BICYCLIST ACTION</b>	1. Going Straight    4. Slowing/Stopping    7. Changing Lanes    10. Merging/Overtaking 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			<input type="checkbox"/>
<b>F.</b>	<b>DIRECTION OF TRAVEL</b>	1. With Traffic Flow    2. Against Traffic Flow			<input type="checkbox"/>
<b>G.</b>	<b>FIRST EVENT OF ACCIDENT</b>	Collision With: 1. Pedestrian    2. Bicyclist    3. Animal    4. Parked Vehicle    5. Fixed Object    6. In-Line Skater 7. Other _____    No Collision: 8. Fell Over    9. Ran Off Road    10. Other _____			<input type="checkbox"/>
<b>H.</b>	<b>EQUIPMENT DEFECTS</b>	1. None    2. Brakes    3. Tires/Wheels    4. Other _____			<input type="checkbox"/>

**INJURY DESCRIPTION**

<b>I.</b>	<b>SEVERITY OF INJURIES</b>	1. Fatal 2. Serious* 3. Minor 4. None	Reporting Bicyclist <input type="checkbox"/>	In-Line Skater <input type="checkbox"/>	Other Bicyclist <input type="checkbox"/>	Pedestrian <input type="checkbox"/>
<b>J.</b>	<b>LOCATION OF MOST SEVERE INJURY</b>	1. Head    5. Chest    9. Abdomen/Pelvis	Reporting Bicyclist <input type="checkbox"/>	In-Line Skater <input type="checkbox"/>	Other Bicyclist <input type="checkbox"/>	Pedestrian <input type="checkbox"/>
		2. Face    6. Back    10. Hip/Upper Leg	Other Bicyclist <input type="checkbox"/>	Pedestrian <input type="checkbox"/>		
		3. Eye(s)    7. Shoulder/Upper Arm    11. Knee/Lower Leg/Foot	Bicycle Passenger <input type="checkbox"/>			
<b>K.</b>	<b>TYPE OF MOST SEVERE INJURY</b>	1. Amputation    4. Bleeding    7. Bruise/Contusion	Reporting Bicyclist <input type="checkbox"/>	In-Line Skater <input type="checkbox"/>	Other Bicyclist <input type="checkbox"/>	Pedestrian <input type="checkbox"/>
		2. Concussion    5. Internal    8. Fracture/Dislocation	Other Bicyclist <input type="checkbox"/>	Pedestrian <input type="checkbox"/>		
		3. Burn    6. Abrasion    9. Complaint of Pain 10. None Visible	Bicycle Passenger <input type="checkbox"/>			
<b>L.</b>	<b>REQUIRED HEALTH SERVICES</b>	1. Emergency Medical Services - Hospitalized	Reporting Bicyclist <input type="checkbox"/>	In-Line Skater <input type="checkbox"/>	Other Bicyclist <input type="checkbox"/>	Pedestrian <input type="checkbox"/>
		2. Emergency Medical Services - Not Hospitalized	Other Bicyclist <input type="checkbox"/>	Pedestrian <input type="checkbox"/>		
		3. No Emergency Medical Services - Later Treatment 4. None	Bicycle Passenger <input type="checkbox"/>			
<b>M.</b>	<b>BICYCLE HELMET</b>	1. Was wearing a bicycle helmet	Reporting Bicyclist <input type="checkbox"/>		Other Bicyclist <input type="checkbox"/>	
		2. Was not wearing a bicycle helmet	Other Bicyclist <input type="checkbox"/>			
			Bicycle Passenger <input type="checkbox"/>			

Date	Signature	If signed by person other than bicyclist, explain why.
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# 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:

Accident Records Bureau  
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.