

부록 I : 뉴욕 사고보고서 양식

MV-104 (5/11) PAGE 1 of 2										FOLD → ← HERE	
New York State Department of Motor Vehicles REPORT OF MOTOR VEHICLE ACCIDENT www.dmv.ny.gov											
BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2											
DO NOT FORGET ACCIDENT DATE Month Day Year Page of RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT											
DRIVER OF VEHICLE 1 Driver License ID Number State of License Driver Name-exactly as printed on license (Last, First, M.I.) Address (Include Number & Street) Apt. Number City or Town State Zip Code Date of Birth Month Day Year Sex Number of People in Vehicle Public Property Damaged											
VEHICLE 2 Driver License ID Number State of License Name-exactly as printed on license (Last, First, M.I.) Address (Include Number & Street) Apt. Number City or Town State Zip Code Date of Birth Month Day Year Sex Number of People in Vehicle Public Property Damaged											
REGISTRANT Name-exactly as printed on registration Date of Birth Month Day Year Sex Address (Include Number & Street) Apt. Number City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code											
VEHICLE DAMAGE Estimated Cost of Property Damage - Vehicle 1 \$1,001-\$1,500 \$1,501-\$2,500 Over \$2,500 Describe damage to vehicle 1 ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9. Number the vehicles. Your vehicle is # 1 Describe damage to vehicle 2 Estimated Cost of Property Damage - Vehicle 2 \$1,001-\$1,500 \$1,501-\$2,500 Over \$2,500											
ACCIDENT LOCATION Place Where Accident Occurred in New York State: County City Village Town of Road on which accident occurred at 1) intersecting street or 2) Feet Miles How did the accident happen?											
ALL INVOLVED Names of All Persons Involved 6. Which Veh. Occupied 9. Position in/on Vehicle 10. Safety Equip. Used 12. Age 13. Sex 16. Injury Describe Injuries If Deceased, Enter Date of Death											
INSURANCE Identify Damaged Property Other Than Vehicle(s) Name of Insurance Company That Issued Policy For Vehicle 1 Name and Address of Policy Holder VIN Policy Number Policy Period From To If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No. Name and Address of Permit Holder 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.											

reset/clear

MV-104 (5/11) PAGE 2 of 2

SECTION A

You must report within 10 days any accident occurring in New York State causing a fatality, personal injury or damage over \$1,000 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. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. You must fill in all information requested on the report.

Then fill in the boxes numbered 1-7 and 23-30 in the right margin on page 1 by entering the number of the item from Section B that best describes the circumstances of the accident. If a question does not apply, enter a dash ("—"). If you do not know an answer, enter an "X".

INSTRUCTIONS - PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK
 * First — fold along this shaded, dotted line.

* Don't fold internet form. Instead, place page 2 over page 1, with the arrows on page 2 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 PEDESTRIAN, BICYCLIST or OTHER PEDESTRIAN box.
- **a vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, atv, etc.), 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 or from the DMV website: www.dmv.ny.gov.

- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 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.
- 4 ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street. If available, identify a permanent landmark nearby, such as a business, school, shopping mall, parking lot, water tower, railroad, mountain or cell tower.
- 5 ALL INVOLVED** - List the names of all persons involved in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than four people are involved, complete another report. In the ALL INVOLVED section of that report, provide the required information for everyone else involved in the accident. Enter the following codes in the appropriate columns:

WHICH VEHICLE OCCUPIED (Column 8) - Enter the appropriate number or letter.

1. Vehicle 1 2. Vehicle 2 B. Bicyclist P. Pedestrian O. Other Pedestrian

POSITION IN/ON VEHICLE (Column 9) - Enter the number from this diagram which corresponds to each person's position.

1. Driver 2-7. Passengers 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED (Column 10)

1. None 7. Air Bag Deployed
 2. Lap Belt 8. Air Bag Deployed/Lap Belt
 3. Shoulder Restraint 9. Air Bag Deployed/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

INJURY (Columns 16A-C) - 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).

- 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 original to: CRASH RECORDS CENTER
 6 EMPIRE STATE PLAZA
 PO BOX 2925
 ALBANY NY 12220-0925

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

1. 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
 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
 11. Working in Roadway
 12. Playing in Roadway
 13. Other Actions in Roadway
 14. Not in Roadway

TRAFFIC CONTROL

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

1. Daylight
 2. Dusk
 3. Dark-Road Unlighted
 4. Dark-Road Lighted

ROADWAY CHARACTER

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

1. Dry
 2. Muddy
 3. Wet
 4. Snow/Ice
 5. Slush
 6. Flooded
 0. Other

WEATHER

1. Clear
 2. Cloudy
 3. Rain
 4. Snow
 5. Sleet/Hail/Freezing Rain
 6. Fog/Smog/Smoke
 0. Other

DIRECTION OF TRAVEL

1. North
 2. Northeast
 3. East
 4. Southeast
 5. South
 6. Southwest
 7. West
 8. Northwest

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
 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

1. On Roadway 2. Off Roadway

TYPE OF ACCIDENT

- 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

NO COLLISION

31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other