SUNY SYSTEM ADMINISTRATION

# REPORT OF MOTOR VEHICLE ACCIDENT

| DATE OF ACCIDENT: | INCIDENT # : |
|---|---|
| NAME OF DRIVER #1: | |

Codes for position in vehicle.

| | | |
|---|---|---|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| | 7 | |

1-Driver

2-7 passengers

Code for restraints used.

1.None

2. lap belt

3.Harness

4.Lap belt harness

5.Child restraint only

6.Helmet

KEY:

Veh. Stands for Vehicle

Reg. Stands for registration

Code is Insurance code

Policy is insurance policy number

Landmark means which parking lot or building was it near.

Occ. Means passengers

_____ east of Bay Road should be described in feet or miles ¼ for instance

Landmark should be buildings for instance "Eisenhart Hall"

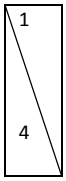
What direction is north should be indicated on the diagrams as well.

PASSENGER INFO

Should contain location in vehicle. Full name and age. Ex. "William R. Smith age 21"

If they were restrained it should be listed as well.

Note: Should be used for info. Like who was injured or not. For instance "passenger #2 injured" It can also be used for any pertinent info.




Top part of the above square should have the number for location in car. Bottom should have restraint used. Above example 1 is the driver and 4 is for lap belt and harness

**NOTE:** If an item is unknown x should be entered. Does not apply - the box.

**STATE UNIVERSITY PLAZA PUBLIC SAFETY**

University Plaza: 353 Broadway

Albany, NY 12246

Phone # (518) 320-1500

Email: Public Safety@suny.edu

(This form is based on the NY State DMV for MV 104 and is meant to capture essential information for accident reports and insurance purposes)

## 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
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION** → 2
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** → 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

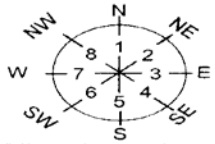
**LIGHT CONDITIONS** → 4
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

**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, Veh. 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, Veh. 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

**Second Event** → Veh. 1 29, Veh. 2 30

*NO COLLISION*
31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other

SUNY SYSTEM ADMINISTRATION

# REPORT OF MOTOR VEHICLE ACCIDENT

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Accident Date | Day of Week | Time | # of Veh.s | # hurt | Left Scene? | Police investigate? Y or N Officer & Agency | Report # | 1. |
| Vehicle #1 | | | | | ( )Vehicle #2 ( ) BICYCLIST ( ) Other_____ | | | 2. |
| Vehicle #1 Operator License ID # | | | | State | #2 Operator License ID # | | State | 3. |
| Drivers Name-exactly as printed on license | | | | | Drivers Name-exactly as printed on license | | | 4. |
| Address (Include Number & Street) | | | | Apt. # | Address (Include Number & Street) | | Apt.# | 5. |
| City of Town | | State | Zip | | City of Town | State | Zip | 6. |
| Date of Birth | Sex | #Of Occup. | Phone # | | Date of Birth | Sex # Occup. | Phone # | 7. |
| Vehicle Information | | | | | Vehicle Information | | | 23. |
| Name-exactly as printed on registration | | | Date of Birth | | Name-exactly as printed on registration | | Date of Birth | 24. |
| Address (Include Number & Street) | | | Apt. # | | Address (Include Number & Street) | | Apt.# | 25. |
| City of Town | | State | Zip | | City of Town | State | Zip | 26. |
| Plate # (reg.) | State | Year / make | Veh. type | | Plate # (reg.) | State Year /make | Veh. type | 27. |
| Insurance Company Name | | | Code | | Insurance Company Name | | Code | 28. |
| Policy # | | Questions / see back | | | Policy # | Questions / see back | | 29. |
| Passengers Info. 1. | | Note: | | | Passengers Info. 1. | Note: | | 30. |
| 2. | | 4. | | | 2. | 4. | | |
| 3. | | 5. | | | 3. | 5. | | |
| Describe Damage Veh. #1 | Accident Diagram: Place #1 and #2 on vehicles. | | | | Describe Damage Veh. #2 | PARKING GARAGE FLOOR #: | | |
| | | | | | | FLOOR LOCATION (N, S, E, W): | | |
| | | | | | | Ambulances respond? If so which | | |
| County: Albany | Town: Albany | Location : SUNY PLAZA PARKING GARAGE: SUNY PLAZA | | | | OTHER: | | |
| Describe the Accident: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Reporting Officer: | | Date: | | | Was SUNY PLAZA property damaged? If so list: | | | |