

RMS Appendix 1 – Sample Forms

STATE OF NEW YORK
 _____ COURT

COUNTY OF _____
 _____ OF _____

THE PEOPLE OF THE STATE OF NEW YORK

- VS. -

[INFORMATION] [COMPLAINT]

Defendant(s)

ACCUSATION

BE IT KNOWN THAT, by this [Information] [Complaint], _____,
 as the Complainant herein, [stationed] [residing] at _____,
 accuses _____,
 the above mentioned Defendant(s), with having committed the [traffic infraction] [violation] [misdemeanor] [felony]
 of _____, in violation of Section _____,
 Subdivision _____ of the _____ Law of the State of New York.

That on or about the _____ day of _____, 20____, at about _____ [am][pm] in the
 _____ of _____, County of _____, the
 Defendant(s) did [intentionally,] [knowingly,] [recklessly,] [with criminal negligence,] and unlawfully, _____

FACTS

The above allegations of fact are made by the Complainant herein [on direct knowledge and/or upon information
 and belief,] with the sources of Complainant's information and the grounds for belief being the facts contained in the
 attached SUPPORTING DEPOSITION(s) of _____.

[WHEREFORE, Complainant prays that a Warrant be issued for the arrest of the said Defendant(s).]

-OR-

[WHEREAS, an Appearance Ticket was issued to the said Defendant(s), directing [him] [her] [them] to appear
 before this court at _____ [am] [pm], on the _____ day of _____
 20____.]

NOTICE

In a written instrument, any person who knowingly makes a false statement, which such person does not believe
 to be true, has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor.
 (PL § 210.45)

Affirmed under penalty of perjury
 this _____ day of _____, 20_____.

Subscribed and Sworn to before me
 this _____ day of _____, 20_____.

COMPLAINANT

[] – STRIKE OUT ANY WORDS THAT DO NOT APPLY.

SUPPORTING DEPOSITION (CPL § 100.20)

Page 3 of 29
PAGE ____ OF ____THE PEOPLE OF THE STATE OF NEW YORK
— VS.

DEFENDANT(S)

LOCATION OF INCIDENT:

STATE OF NEW YORK _____ COURT

COUNTY OF _____

_____ OF _____

LOCATION OF DEPOSITION:

STATE OF NEW YORK

COUNTY OF _____

_____ OF _____

On

 at

 I,

state the following:

NOTICE

(Penal Law § 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury

this _____ day of _____, _____

- OR -

* Subscribed and Sworn to before me

this _____ day of _____, _____

(SIGNATURE OF DEPONENT)

(WITNESS)

TIME ENDED:

(NAME OF PERSON TAKING DEPOSITION)

* This form need be sworn to only when specifically required by the court

November 2018

Page 1 – ORIGINAL

Page 2 – COPY

Page 3 – COPY

Page 4 - COPY

- May be handwritten.
- Original to Division Headquarters.
- Copy to Evidence Custodian, if required.

NEW YORK STATE POLICE RECEIPT

CASE NUMBER

TROOP	STATION	DATE	MEMBER'S NAME
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DESCRIPTION OF PROPERTY

VEHICLE:	YEAR	MAKE	MODEL	STYLE	COLOR
	VIN NUMBER			PLATE NUMBER	REGISTRATION STATE

SIGNATURE

RELEASE

UNDER PENALTY OF PERJURY, I, _____ *owner - agent of owner,
 HEREBY IDENTIFY THE PROPERTY DESCRIBED ABOVE AS THE PROPERTY BELONGING TO *me - _____
 AND HAVING REQUESTED ITS RETURN, HEREBY ACKNOWLEDGE RECEIPT OF SUCH PROPERTY WHICH IS DELIVERED INTO MY POSSESSION BY A
 POLICE OFFICER AND MEMBER OF THE NEW YORK STATE POLICE ON THE _____ DAY OF _____ 20 _____
 AT _____, N.Y. I DO HEREBY RELEASE AND FOREVER DISCHARGE SAID POLICE OFFICER, THE NEW YORK
 STATE POLICE AND ANY AND ALL PERSONS WHO HAVE HAD SUCH PROPERTY IN THEIR CUSTODY OR UNDER THEIR CONTROL BY REASON OF
 ANY PROCEEDING OR ACTION TAKEN BY THEM FOR ITS PRESERVATION TO ITS RETURN TO *me the owner, OF AND FROM ALL, AND ALL
 MANNER OF ACTION AND ACTIONS, CAUSE, AND CAUSES OF ACTION, SUITS, DEBTS, SUMS OF MONEY, ACCOUNTS, DAMAGES OR CLAIMS OF ANY
 NATURE WHATSOEVER.

DATED AT _____, N.Y. _____, 20 _____

WITNESS

OWNER / AGENT OF OWNER

Agency:	RMS Appendix 2 - Sample Form	B	ORI:	Incident #	Complaint # Page 6 of 29
Prior History	Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):				
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____.					
Has Suspect ever:			Is suspect capable of killing you or children <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Threatened to kill you or your children <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Strangled or "choked" you <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Has the physical violence increased in frequency or severity over the past 6 months?		
Beaten you while you were pregnant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.					
Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if NO, Why:			Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if NO, Why:		
Signatures:					
Reporting Officer (Print and Sign include Rank and ID#)			Supervisor (Print and Sign include Rank and ID#)		
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION					
* Officers are encouraged to assist the Victim in completing this section of the form.					
Suspect Name (Last, First, M.I.)					
I _____ (Victim/Deponent Name) state that on ____ / ____ / ____, (Date) at _____ (Location of incident) in the County/City/Town/Village _____ of the State of New York, the following did occur: 					
(Use additional page as needed)					
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.					
Victim/Deponent Signature _____			Date _____		
Witness or Officer Signature _____			Date _____		
Interpreter Signature and Interpreter Service Provider Name _____			Date _____		
November 2018 Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Police Copy (Please make a copy for your DA's Office if appropriate)			NYS Domestic and Sexual Violence Hotline 1-800-942-6906		3221- 04/2015 DCJS Copyright © 2015 by NYS DCJS

BCI 5D (Rev. 02//08)

CONSENT WAIVER TO INTERCEPT AUDIO COMMUNICATION

I, _____, residing at, _____
hereby authorize _____, a Member of the New York State Police, and
any other Member of the New York State Police, as required,

To intercept, listen to, and record conversations between myself and other persons. This
authorization covers all communications. I further authorize the New York State Police to install
whatever equipment is necessary to accomplish the interception, overhearing and recording of
these conversations.

I understand that the evidence obtained as a result of this authorization may be used in a
criminal prosecution, and that this authorization does not grant me immunity from prosecution.

This authorization shall take effect on, _____
and valid for 30 days.

Signature: _____

Print Name: _____

Dated: _____

Member's Signature: _____

Witness (es): _____
(if applicable)

APPEARANCE TICKET* <u>NEW YORK STATE POLICE</u>	
Issued To: _____ <div style="text-align: center; margin-top: 20px;"> NAME OF DEFENDANT </div>	_____ <div style="text-align: center; margin-top: 20px;"> DATE OF BIRTH </div>
_____ <div style="text-align: center; margin-top: 20px;"> STREET AND NUMBER </div>	_____ <div style="text-align: center; margin-top: 20px;"> CITY OR TOWN </div>
_____ <div style="text-align: center; margin-top: 20px;"> STATE </div>	_____ <div style="text-align: center; margin-top: 20px;"> ZIP CODE </div>
You are hereby directed to appear in the court described below on	
_____ at _____ in connection with your alleged commission of the offense of _____ contrary to the provisions of section _____ of the _____ law.	
Name of court _____	
Location of court _____	
* NOTE - If you fail to appear on the date and at the time indicated, the court may issue a summons or warrant for your arrest (Criminal Procedure Law Section 150.60). If you have posted bail, the bail will become forfeit upon your failure to comply with the directions of this ticket (Criminal Procedure Law Section 150.30).	Issued and subscribed by: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">SIGNATURE OF MEMBER</div> <div style="width: 45%;">SHIELD</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">TZs / DIVISION/PRECINCT</div> <div style="width: 45%;">DATE ISSUED</div> </div>

NYSP VEHICLE SEARCH REPORT

GENL-45 (rev. 03/12)		Form Number	
----------------------	--	-------------	--

Form Number		Police Agency	
Local Police Code/GJS#		Photo Lic Shown	
Last Name (Driver)		First Name	MI
Number and Street		Apt. No.	
City		State	Zip Code
Client ID Number		Lic State	Lic. Class
Date of Birth		Plate Number	Reg. State
Color		Reg. Exp. (Optional)	Year
County		Make	
C/T/V Name		Loc. Code	
Street Name		Reason For Stop	
V&T Offense Section / Subsection		V & T Offense Title	
Vehicle Searched	Basis For Search		Driver Searched
UTT Issued	Evidence Seized	Date of Stop	Time of Stop
Offense Section and Subsection		Offense Title	
Offense Description			

Officer's Signature		DIV/Troop	PCT/Zone
		Sector/Station	
		NCIC/ORI	
Officer Last Name		First Name	M.I.
Reviewing Officer Signature		Review Status	
		Date of Review	
		Time of Review	
Reviewing Officer's Name			

Narrative

09998BL783

To be completed by Police Officer
and given to Motorist

Last Name(Defendant)		First Name		M.I.
Number and Street				
City		State	Zip Code	Owner Oper.
Client ID Number		Sex	Date Expires	
Lic. State	Date of Birth	Veh. Type	Year	Make
Plate Number	Reg. State	Registration Expires		

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Time 10:48 AM	Date of Offense 6/7/2018	IN VIOLATION OF		
Section	Sub Section	Tr	Inf	Misd
Description of Violation XXXXXXXXXXXXXXXXXXXXXXXXXXXX		Felony	MPH	MPH Zone
Place of Occurrence		US DOT#	CDL Veh	Bus
C/T/V Name	County	Hwy. No.	Loc. Code	Hwy. Type
AFFIRMED UNDER PENALTY OF PERJURY		Date Affirmed	Off Assign	NCIC/ORI 00151
(Officer's Signature)		Arrest Type	Badge/Shield	SYSADM
Officer's Last Name ADMIN	First Name S	M.I.	Radar Officer's Signature	

THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW

Address	
City	State
Zip	Date
Time	

A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION AFTER TRIAL. IF YOU ARE CONVICTED, NOT ONLY WILL YOU BE LIABLE TO A PENALTY, BUT IN ADDITION YOUR LICENSE TO DRIVE A MOTOR VEHICLE OR MOTORCYCLE, AND YOUR CERTIFICATE OF REGISTRATION, IF ANY, ARE SUBJECT TO SUSPENSION AND REVOCATION AS PRESCRIBED BY LAW.

Conviction may subject you to a mandatory surcharge and/or Driver Responsibility Assessment as prescribed by law.

Your failure to respond may result in a warrant for your arrest or suspension of your driver's license and/or a default judgement against you.

TO PLEAD BY MAIL Page 10 of 29
(NOT TO BE USED FOR MISDEMEANORS OR FELONIES)

- If you are pleading "GUILTY" by mail, place an "X" through SECTION B, then complete and sign SECTION A.
- If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A, then complete and sign SECTION B.
- Mail this form to the Court noted on this ticket by Registered, Certified, or First Class Mail, with Return Receipt Requested.
- DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent speeding violation in an 18 month period, instead you must appear in the Court noted on this ticket in person.
- If the Court denies your plea, you will be notified by mail to appear in the Court noted on the front of this ticket.

SECTION A - PLEA OF GUILTY

To the Court listed on the other side of this ticket:
I, _____
residing at _____
have been charged with the violation as specified on the other side of this ticket. I acknowledge receipt of the warning printed in bold type on the other side of this ticket, and I waive arraignment in open court and the aid of an Attorney. I plead GUILTY to the offense as charged and request that this charge be disposed of and a fine or penalty fixed by the court.

Additionally, I make the following statement of explanation (optional):

All statements are made under penalty of perjury:

Date: _____ Signed _____

SECTION B - PLEA OF NOT GUILTY

The following notice applies to you if the officer did not issue you a supporting deposition with your ticket.

NOTICE: YOU ARE ENTITLED TO RECEIVE A SUPPORTING DEPOSITION FURTHER EXPLAINING THE CHARGES PROVIDED YOU REQUEST SUCH SUPPORTING DEPOSITION WITHIN THIRTY (30) DAYS FROM THE DATE YOU ARE DIRECTED TO RESPOND TO THE COURT NOTED ON THE OTHER SIDE OF THIS APPEARANCE TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?

Yes ☐ No ☐

SUPPORTING DEPOSITION PROVIDED WHEN THIS TICKET WAS ISSUED?

NO ☐ SPEEDING (Gen 101) ☐
GENERAL (Gen 101A) ☐

Signature _____

Address _____

City _____ State _____ Zip Code _____

NOTE: Mail this NOT GUILTY Plea within 48 hours. The court will notify you by First Class Mail of your appearance date.

APPLICANTS UNDER 18 YEARS OF AGE
MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW.

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip Code _____

FAILURE TO ANSWER THIS TICKET WILL RESULT IN THE SUSPENSION OF YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.

UTD-1.7 (4/02)



09998BL783

09998BL783

To be completed by Police Officer
and given to Motorist

POLICE AGENCY

Local Police Code

Last Name		First Name		M.I.
Number and Street			Apt. No.	Photo Lic Shown
City	State	Zip Code	Owner is Oper.	Lic. Class/ID Type
Client ID Number		Sex	Date of Birth	
Lic. State	License Expires	Veh. Type	Veh. Year	Veh. Make
Plate Number	Reg. State	Registration Expires		

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Time (24hour) 10:48 AM	Date of Offense 6/7/2018	IN VIOLATION OF		
Section	Sub Section	Tr	Inf	Misd
Description of Violation		Felony	MPH	MPH Zone
		US DOT#		
		Com Veh	Bus	Haz Mat
Place of Occurrence		Hwy. No.	Loc. Code	
C/T/V Name		Hwy. Type	NCIC/ORI	
TVB - QUEENS NORTH - 7350		QUEENS	00151	
		Date Affirmed	Command	
		Arrest Type		
(Officer's Signature) Affirmed under penalty of perjury		Badge/Shield	SYSADM	
Officer's Last Name		First Name	M.I.	
ADMIN		S		
Radar Officer's Signature				

TRAFFIC VIOLATIONS BUREAU HEARING OFFICES (718) 488-5710

TRAFFIC VIOLATIONS BUREAU IN:
 Bronx - 696 East Fordham Road * Queens, N. - 30-56 Whitestone Expwy*
 Brooklyn, S - 2875 W. 8th Street * Queens, S. - 168-35 Rockaway Blvd. *
 Brooklyn, N. - Atlantic Ctr Mall(2nd Floor), 625 Atlantic Ave.*
 Manhattan, S. - 2 Washington St (5th Floor)* Rochester - 16 East Main Street, 5th Floor
 Manhattan, N. - 159 East 125th Street(3rd Floor)*
 Staten Island - 1775 South Avenue*

Business Hours: Monday - Friday 8:30AM - 4:00PM
*** Also Thursday 4:00PM - 6:00PM**

YOU MUST ANSWER THIS TICKET WITHIN 15 DAYS OF THE DATE OF OFFENSE. TO ANSWER ON-LINE AT WWW.DMV.NY.GOV/EPLEAD.HTM OR BY MAIL, FOLLOW INSTRUCTIONS ON THE OTHER SIDE. FAILURE TO ANSWER WILL RESULT IN THE SUSPENSION OF YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.

TRAFFIC VIOLATIONS BUREAU
UT- 60 (10/14)

November 2018

TO PLEAD GUILTY OR NOT GUILTY ON-LINE Page 11 of 29 You may plead guilty or not guilty and schedule a hearing online for most violations at www.dmv.ny.gov/eplead.htm			
TO PLEAD GUILTY OR NOT GUILTY BY MAIL - Complete and SIGN the Plea Notice below. Mail within 15 days (with your payment if pleading guilty) to: TRAFFIC VIOLATIONS PLEA UNIT, P.O. BOX 2950-ESP, ALBANY, NY 12220-0950. - Only credit cards, checks or money orders payable to the Department of Motor Vehicles are accepted. - Tickets for equipment violations may only be dismissed if you mail a receipt for repair, showing that the repair was made within one business day of the violation.			
FINE SCHEDULE FOR GUILTY PLEAS BY MAIL Fines could be higher if you plead NOT GUILTY and are then found GUILTY at hearing, or when appearing before a judge, even to plead guilty.			
Fine for Violation + Mandatory Surcharge = Total Amount Due To determine what you owe, add the fine for the violation to the mandatory surcharge.			
FINES FOR VIOLATIONS			
Seatbelt	\$ 50	Speeding in School Zone	Speeding in Work Zone
Cell Phone/Texting	\$ 50	11-30 MPH over limit	\$ 60 \$120 \$170
Disobeyed Traffic Control Device	\$ 50	11-30 MPH over limit	\$115* \$230 \$280
Equipment	\$ 40	**If 31 MPH or more over limit, you must appear in person.**	
Most other violations	\$ 50		
Red Light Offenses within 18 months		Unlicensed or Unregistered	
NYC Everywhere Else		Uninspected Vehicle	
1st Offense	\$190 \$ 95	60 Days or Less	\$ 40 60 Days or Less \$ 35
2nd Offense	\$375 \$190	Over 60 Days	\$ 95 Over 60 Days \$ 65
3rd Offense	\$940 \$470		
MANDATORY SURCHARGES			
Equipment: \$58 Bicycle: \$0 All other violations: \$88			
*A guilty plea or conviction of a speeding violation of 21 MPH or more over the speed limit will add at least 6 points to your license and subject you to a Driver Responsibility Assessment.			
NOTE: You will be notified of a balance due if a particular violation requires a higher fine, if you owe additional fees, if the amount of your payment is insufficient or if you are required to appear in person.			
PLEA NOTICE			
I, THE UNDERSIGNED, PLEAD: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY If you are pleading GUILTY, it is the same as being found guilty by a judge. In either case, you may be required to pay a fine and in addition, your driver license and/or registration, may be suspended or revoked as prescribed by law. If your guilty plea results in your having 6 or more points on your driver record for violations committed during an 18 month period, a Driver Responsibility Assessment will be imposed. For more information, visit our website at WWW.DMV.NY.GOV. For some violations, you are required to appear in person even if you wish to plead guilty. If you are pleading NOT GUILTY, you will be notified by mail of your hearing date, time and location. YOUR PLEA WILL NOT BE RETURNED. PLEASE MAKE A COPY FOR YOUR RECORDS.			
Print Name _____ Phone# _____			
Signature of Person _____ Date _____			
Entering Plea _____			
NEW ADDRESS IF DIFFERENT FROM TICKET ADDRESS			
Street _____			
City _____ State _____ Zip Code _____			
TO PAY FINE WITH CREDIT CARD WHEN PLEADING GUILTY - FILL OUT INFORMATION BELOW			
Credit Card Number _____ Amount _____			
Name As It Appears _____			
On Card _____			
Cardholder Signature _____ Expiration Date _____			

UT- 60 (10/14)

09998BL783

To be completed by Police Officer and
sent to DMV(TSLED or TVB)

Last Name(Defendant)		First Name		M.I.	
Number and Street				Apt. No.	
City	State	Zip Code	Owner is Oper.	Lic. Class	
Client ID Number		Sex	Date Expires		
Lic State	Date of Birth	Veh. Type	Year	Make	Color
Plate Number		Reg. State	Registration Expires		

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Time 10:48 AM		Date of Offense 6/7/2018	
In Violation of		Traffic Infraction	Misdemeanor
Violation Section		<input type="radio"/>	<input type="radio"/>
Description of Violation		MPH	MPH Zone
		US DOT#	
		CDL Veh	Bus
		<input type="radio"/>	<input type="radio"/>
		HazMat	<input type="radio"/>
Street Name		Hwy. Type	Hwy. No.
C/TV Name	County	Loc. Code	NCIC/ORI 00151
AFFIRMED UNDER PENALTY OF PERJURY			
(Officer's Signature)			
Officer Operating Radar			
Date of Affirmation	Arrest Type	Badge/Shield SYSADM	Officer's Com./Div./Stat.
Officer's Last Name ADMIN			
First Name S		M.I.	
THIS MATTER IS SCHEDULED TO BE HANDLED ON APPEARANCE DATE BELOW IN:			
Address			
City		State	Zip
<input type="radio"/> Return by mail before or in person on:		Date	Time
<input type="radio"/> Must appear in person on:			

UT-1.6 (10/02)

If a summons is issued for an equipment violation of VTL sections 375, 376, or 381, (except where both headlamps are defective and except a violation relating to service brakes or audio amplification systems), the charge will be dismissed if proof is presented to the court that the defect was corrected prior to 1/2 hour after sunset on the first full business day after issuance of the summons (VTL section 376-a.)

- (i) a statement of correction from an officially designated state inspection station duly executed by the person performing or making such inspection and bearing the facility number of the state inspection station, or
- (ii) a statement of correction from an automobile repair shop on the letterhead of such repair shop duly executed by the person who made the correction, or
- (iii) a statement of correction from any registrant having more than twenty-five vehicles registered and having a fleet maintenance program administered by the registrant, duly executed by the person performing or making such correction and countersigned by the fleet maintenance supervisor, or
- (iv) a signed statement of any police officer that the necessary corrections have been made, or
- (v) evidence acceptable to the court from any person that he or she completed the repair together with proof of purchase of the equipment needed for repair, or
- (vi) in the discretion of the court, submission of the vehicle to the court for inspection not later than one-half hour after the next ensuing sunset.

- (i) the name, occupation, and position of the person making the statement; and the
- (ii) time and date that the repairs or inspection were made; and
- (iii) a statement that the defective equipment, cited in the summons or information, on the vehicle in question, is in proper working order.

To _____, I _____, _____
 Court Name Occupation
 _____, _____, _____
 Position Address or Police Department
 on _____, at _____, I inspected (and repaired)* the _____
 Date Time Cited Equipment
 of a _____, _____, _____ and that at such time the defective equipment,
 Year of Vehicle Make of Vehicle Plate Number
 cited in the summons or information, on the vehicle in question, was in proper working order.

November 2018

STATEMENT OF CORRECTION FOR SAFETY VIOLATION
NEW YORK STATE TRANSPORTATION LAW

If a summons is issued for an equipment violation of the New York State Transportation law Section 14-f; 17 NYCRR, Part 820 (except for out-of-service violations or operating an out-of-service vehicle) or New York State Transportation law Section 140-2d(ii): 17 NYCRR, Part 820 (except for out-of-service violations relating to load securement, brake systems, steering components, coupling devices or operating an out-of-service vehicle) the charge will be dismissed if proof is presented to the court that the defect was corrected prior to one-half hour after sunset on the first full business day after issuance of the summons, or if such complaint involves a farm vehicle registered pursuant to NYS VTL Section 401 Sub 13 and is operated in conformance with the terms of such registration, not later than one-half hour after sunset on the third full business day after issuance of the summons and proof of such correction is submitted to the court on or before the return date on the summons. "Business day" shall mean any calendar day except Sunday, or the following business holidays: New Year's Day, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day and Christmas Day.

The following are acceptable proofs of correction, repair or adjustment and shall consist of a submission to the court on or before the return date of the summons of:

- (i) a statement of correction from an officially designated state inspection station duly executed by the person performing or making such inspection and bearing the official stamp of the state inspection station;
- (ii) a statement of correction from an automobile repair shop on the letterhead of such repair shop duly executed by the person who made the correction or;
- (iii) a signed statement of any police officer or a department inspector that the necessary corrections have been made.

The statement required by this paragraph shall be directed to the court having jurisdiction of the alleged violation, shall be affirmed as true under penalty of perjury, and shall include the name, occupation and position of the person making the statement, the time and date that the repairs or inspection were made and a statement that the defective equipment, cited in the violation, on the vehicle in question, is in proper working order.

The following may be used by inspection stations, police officers and NYSDOT inspectors:

To _____, I, _____
(Court) (Name)

_____, _____
 (Position/Occupation) (Inspection Station, Police Dept. or NYSDOT Region)

affirm under penalty of perjury that on ____/____/____, ____:____ am / pm I inspected and/or repaired*
(Date) (Time)

the: _____ of a _____, _____, _____
 (Cited Equipment) (Year) (Make of Vehicle) (Plate Number)

and that at such time the defective equipment cited in the summons or information affirmed under penalty of perjury on the vehicle in question, is in proper working order.

X _____ Date: ____ / ____ / ____

Place inspection station stamp or signature of police officer or NYSDOT inspector above.
Repair shops which are not licensed inspection stations must use business stationary.

* Strike out if inapplicable

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
09998BL78Q

☐ AMENDED REPORT

1	Accident Date Month Day Year		Day of Week THURSDAY	Military Time	No. of Vehicles 2	No. Injured 0	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	19				
	VEHICLE 1					<input type="checkbox"/> VEHICLE	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN		20				
2	VEHICLE 1- Driver License ID Number				State of Lic.	VEHICLE 2- Driver License ID Number				State of Lic.	21				
	Driver Name - exactly as printed on license					Driver Name - exactly as printed on license									
3	Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	22				
	City or Town State Zip Code					City or Town State Zip Code									
4	Date of Birth Month Day Year		Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year		Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23		
	Name - exactly as printed on registration				Sex	Date of Birth Month Day Year	Name - exactly as printed on registration				Sex	Date of Birth Month Day Year			
5	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code -	Released <input type="checkbox"/>	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code -	Released <input type="checkbox"/>	24
	City or Town State Zip Code					City or Town State Zip Code									
6	Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25		
	Ticket/Arrest Number(s)						Ticket/Arrest Number(s)								
7	Violation Section(s)						Violation Section(s)						26		
	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		
8	VEHICLE 1 DAMAGE CODES						VEHICLE 2 DAMAGE CODES						ACIDENT DIAGRAM		27
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes						Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes						9.		
9	Vehicle By: Towed To:						Vehicle By: Towed To:						Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		28
	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER						Place Where Accident Occurred: County _____ of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ miles _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)								
10	Reference Marker						Coordinates (if available) Latitude/Northing						Accident Description/Officer's notes		29
	Longitude/Easting														
11	8						9						10		30
	11						12						13		
12	14						15						16		
	17						18						19		
13	20						21						22		
	23						24						25		
14	26						27						28		
	29						30						31		
15	32						33						34		
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16	38						39						40		
	41						42						43		
17	44						45						46		
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123	680						681						682		
	683						684						685		
124	686						687								

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Local Codes

09998BL78Q


☐ AMENDED REPORT

TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (10/05)

 Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084

INSTRUCTIONS: You must complete this form: ♦ if at least one of the vehicles involved is - a truck having a GVWR or GCWR > 10,000 lbs.; or - a vehicle with a Haz Mat placard; or - a bus designed to carry 9 or more persons including the driver ♦ AND at least one of the following conditions is met: - at least one person sustained fatal injuries - at least one person was transported for IMMEDIATE medical treatment - at least one vehicle is disabled and was towed/transported from the scene.		Number of: 1 Trucks having a GVWR or GCWR > 10,000 lbs. Vehicles with a Haz Mat placard Buses designed to carry 9 or more persons		Number of Vehicles: 1 Towed/transported from scene due to damage Number of Persons: 1 Sustaining fatal injuries Transported for IMMEDIATE medical treatment						
		ACCIDENT DATE Mo. Day Year COUNTY CITY/TOWN/VILLAGE								
DRIVER	DRIVER LICENSE ID #					STATE OF LIC.				
	DRIVER NAME - exactly as printed on license (Last, First, M.I.)									
1	LICENSE CLASS 1 A 2 B 3 CDL C 4 D 5 DJ 6 E 7 M 8 MJ 9 OTHER 10 DM					DATE OF BIRTH Mo. Day Year		SEX 1 Male 2 Female	7	
CARRIER	CARRIER NAME:									
	STREET OR P.O. BOX		CITY		STATE		ZIP CODE		TOTAL AXLES (Includes trailers)	8
	PLATE NUMBER		STATE OF REG.		CARRIER'S IDENTIFICATION NUMBERS US DOT ICC MC					
2	WEIGHT RATING OF TRUCK POWER UNIT 1 Less than or equal to 10,000 lbs. 2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.				VEHICLE IDENTIFICATION NUMBER					
3	VEHICLE CONFIGURATION 1 Bus (seats for more than 15 people, including driver) 2 Single-unit Truck: (2-axle, 6-tire) 3 Single-unit Truck: (3 or more axles) 4 Truck/Trailer 5 Truck Tractor (bobtail) 6 Tractor/Semi-trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Unknown Heavy Truck, cannot classify 10 Passenger Car - only record when vehicle displays a Hazardous Material placard 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays a HM placard 12 Bus (seats for 9-15 people, including driver)					TRAFFIC WAY 1 Two-way, not divided 2 two-way, divided unprotected median 3 Two-way, divided, positive median barrier 4 One way not divided 5 Not reported			9	
4	CARGO BODY TYPE 1 Bus (seats for more than 15 people, including driver) 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Grain, Chips, Gravel 11 Pole 12 Bus (seats for 9-15 people, including driver)					ACCESS CONTROL 1 No Access Control 2 Full Access Control 4 Partial Access Control			10	
5	HAZARDOUS MATERIALS INVOLVEMENT Does vehicle have Haz Mat placard? 1 Yes 2 No COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond NAME OF HAZ MAT CLASS:		SEQUENCE OF EVENTS (FOR THIS VEHICLE) 1 Ran Off Road (noncollision) 2 Jackknife (noncollision) 3 Overturn/Rollover (noncollision) 4 Downhill Runaway (noncollision) 5 Cargo Loss or Shift (noncollision) 6 Explosion or Fire (noncollision) 7 Separation of Units (noncollision) 8 Involving Pedestrian (collision) 9 Involving Motor Vehicle in Transport (collision) 10 Involving Parked Motor Vehicle (collision) 11 Involving Train (collision) 12 Involving Pedalcycle (collision) 13 Involving Animal (collision) 14 Involving Fixed Object (collision) 18 Cross Median/Centerline (noncollision) 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.) 20 Other (noncollision) 21 Unknown (noncollision) 22 With Work Zone Maintenance Equipment (collision) 23 With Other Movable Object (collision) 24 With Unknown Movable Object (collision)					11		
6	HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank) ? 1 Yes 2 No							12		
OFFICER'S RANK AND SIGNATURE SYSADMIN		BADGE/ID NO. SYSAD		NCIC NO. 00151		DATE OF REPORT		13		
PRINT NAME IN FULL SYSTEM ADMIN								14		



POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

MV-104D (3/02)

Page 1 of 1 Pages



Local Code 09998BL78Q	Accident Date Month Day Yr.	Military Time	County	City/Town/Village	No. Killed 1	No. Vehicles 2	Work Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased 1: , -----							

ACCIDENT DATA

Speed Limit (MPH)	Location (Route or Street Name)						
Estimated Speed: Vehicle 1 _____ MPH <input type="checkbox"/> Unknown Vehicle 2 _____ MPH <input type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown							
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 _____ Vehicle 2 _____ Vehicle _____							
Roadway Surface: <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other							
No. of Lanes	Roadway Flow: <input type="checkbox"/> One Way Traffic <input type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not physically divided						
EMERGENCY MEDICAL SERVICES *		HOSPITAL INFORMATION					
Time (Military): Notified _____ Arrived at Scene _____ Arrived at Hospital _____		If the victim was taken to a hospital outside of NYS, give name, county and state of that hospital: If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:					

OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
V Driver E / H / I Passenger C / L / E Passenger 1	YES						
V Driver E / H / I Passenger C / L / E Passenger 2							
V Driver E / H / I Passenger C / L / E Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature SYSADMIN	Badge/ID No	Department	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
	Print Name in Full SYSTEM ADMIN November 2018	SYSAD	00151				

New York State Department of Motor Vehicles

REPORT OF MOTOR VEHICLE ACCIDENT POLICE LINE OF DUTY ACCIDENT

☐ **AMENDED REPORT**

Page 1 of 1 Pages

Precinct
Local Accident Number
09998BL78Q

IMPORTANT: If you are the officer in charge, complete and sign this form, and attach it to the MV-104A or MV-104AN.

Accident Date	Accident Time	County
<div style="display: flex; justify-content: space-between;"> <div>Month / Day / Year</div> <div>In Military Time</div> </div>		

NAMES OF DRIVERS: (Please Print or Type)

*	Last	First	M.I.	State of Veh. Reg.			
VEH1							
VEH2							
VEH3							
VEH4							
VEH5							
VEH6							

Pursuant to Section 605 of the New York State Vehicle and Traffic Law, the attached Police Accident Report is also the motorist report for vehicle number(s) 1.

* Pursuant to Section 605(a)(4) of the Vehicle and Traffic Law, check **only** the box for each police officer operating a police vehicle (as defined by V & T Section 132-a) **during emergency operation** (as defined by V&T Section 114-b) when the accident occurred.

Date	Signature of Owner of Police Vehicle/Police Agency Representative	NCIC# 00151
------	---	----------------

ACCIDENT INFORMATION EXCHANGE FORM

NY State Law requires that any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over \$1000 be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license (or operating privilege in NYS) and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirement.

Accident Report # 09998BL78Q	Local Codes	Date	Time	# of Veh. 2	Town, City, Road Name
Police Agency BETHLEHEM TOWN PD - 00151			Officer's Name/Badge ID# ADMIN SYSTEM SYSAD		

VEHICLE # 001

Operator's Name		Date of Birth	Address	
City/State/Zip		Motorist I.D.#	Vehicle Year and Make	License Plate # and State
Vehicle Type	Insurance Code and Company		Vehicle Owner	
Vehicle Towed By			Vehicle Towed To	

Miscellaneous Notes

VEHICLE # 002

Operator's Name		Date of Birth	Address	
City/State/Zip		Motorist I.D.#	Vehicle Year and Make	License Plate # and State
Vehicle Type	Insurance Code and Company		Vehicle Owner	
Vehicle Towed By			Vehicle Towed To	

Miscellaneous Notes

Please wait 14 days before contacting DMV to request a copy of your accident report.

If you want to purchase a copy of the police accident report, form MV-104A,
complete DMV's "REQUEST FOR COPY OF ACCIDENT REPORT" form MV-198C and send it to DMV.
The form and instructions are available at www.dmv.ny.gov or at your local DMV office.

THE FORM MV-104A MAY ALSO BE PURCHASED BY CONTACTING THE INVESTIGATING POLICE AGENCY.

To obtain a blank civilian Accident Report (Form MV-104),
visit the DMV office nearest you
or
access forms online at www.dmv.ny.gov

Administrative Investigation Report	PC #	RCN #
	SJS #	Date:

Type of Investigation					
Incident Review	<input type="checkbox"/>	Level 1 PC	<input type="checkbox"/>	On-Duty Injury/Illness	<input type="checkbox"/>
Injury/Illness to Person Prior to Custody	<input type="checkbox"/>	Injury/Illness to Person Being Taken into Custody	<input type="checkbox"/>	Injury/Illness to Person While in Custody	<input type="checkbox"/>
Division Vehicle PDAA	<input type="checkbox"/>	Division Vehicle PIAA	<input type="checkbox"/>	Damage/Loss of Division Property	<input type="checkbox"/>

Member Receiving Initial Complaint					
Name (Last, First, MI)		Rank	Employee ID #	TZS	Shield
Reported By:					
Date Occurred:	Time Occurred:	Date Reported:	Time Reported:		
Place of Occurrence:					
County:		C/TV:		CTV Code:	
Synopsis:					

Member(s) Involved					
Name (Last, First, MI)	Rank	Employee ID #	TZS	Shield	Race

Involved Person #1 -							
Name (Last, First, MI)			DOB		Race		Sex
Address			City		State	Zip	Phone
If Member:	Rank	Employee ID #	TZS	Shield	Duty Time Lost	ARS #	
					hrs		

Injury or Illness	Nature:	
	How Occurred:	
	Name of Hospital/EMS:	
	Treated by:	
	Treatment Refusal Witnessed by:	
	If Prisoner – Charges:	
	Use of Force:	Type of Force: 1) 2)

Administrative Investigation Report	PC #	
	SJS #	Date:

Person Interviewed #1				
Name (Last, First, MI)		DOB	Race	Sex
Address	City	State	Zip	Phone

Person Interviewed #2				
Name (Last, First, MI)		DOB	Race	Sex
Address	City	State	Zip	Phone

Vehicle #1					
Operator (Last, First, MI)		DOB	Race	Sex	
Make	Model	Year	Color	Reg. State	Reg. #
Division Vehicles:	Mileage	VAN #			

Vehicle #2					
Operator (Last, First, MI)		DOB	Race	Sex	
Make	Model	Year	Color	Reg. State	Reg. #
Division Vehicles:	Mileage	VAN #			

Property #1					
Type	Reason for Damage/Loss		VAN #		Reg. #
Make	Model	Year	Cal/Ga	Serial #	
Property Description		Damage Description			Property Value
					\$
Owner (Last, First, MI)		DOB	Race	Sex	
Address	City	State	Zip	Phone	

Administrative Investigation Report	PC #	
	SJS #	Date:

Enclosures Check List (Check all that apply)			
Memo(s) <input type="checkbox"/>	Last Name of Person(s) Submitting Memo(s):		
Depositions and/or Statements <input type="checkbox"/>	Last Name of Person(s) Signing Deposition(s) and/or Statement(s):		
Medical Deposition(s) <input type="checkbox"/>	Title and Last Name	EMS Service or Medical Facility	
AMS Message <input type="checkbox"/>			
IJ Portal Message <input type="checkbox"/>			
GENL-34D Photo Record <input type="checkbox"/>			
GENL-89 Use of Chemical Agent <input type="checkbox"/>			
GENL-90 Use of Taser X26/X26P <input type="checkbox"/>			
GENL-91 Vehicle Pursuit Report <input type="checkbox"/>			
MV-104A Police Accident Report <input type="checkbox"/>			
Non-SP Collision/Incident Report (TRACS) <input type="checkbox"/>			
Audio Recording <input type="checkbox"/>	# Enclosed:	Transcript enclosed:	Enter Source:
Video Recording <input type="checkbox"/>	# Enclosed:	Transcript enclosed:	Enter Source:
GENL-81 Medical Release <input type="checkbox"/>	Last Name(s):		Records Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
GENL-81E Medical Release <input type="checkbox"/>	Employee(s) Last Name:		Records Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
GENL-81M Medical Release <input type="checkbox"/>	Member(s) Last Name:		Records Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Enclosures <input type="checkbox"/>	Describe:		

Administrative Investigation Report	PC #	
	SJS #	Date:

Report of:			
Name	Rank	Employee ID #	TZS
Signature	Date		

Reviewed by:			
Name	Rank	Employee ID #	TZS
Signature	Date		

1st Endorsement			
To: Troop Commander			
From:	I concur with the findings of this investigation: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature:	Date:		

2nd Endorsement			
To: Division Headquarters			
From:	I concur with the findings of this investigation: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature:	Date:		

If Division Vehicle Collision check appropriate status:			
Preventable <input type="checkbox"/>	Non-Preventable <input type="checkbox"/>		

If Personnel Complaint check appropriate status:			
Founded <input type="checkbox"/>	Unfounded <input type="checkbox"/>	Unsubstantiated <input type="checkbox"/>	Closed by Investigation <input type="checkbox"/>

If Founded, complete the following:			
Date:	Rule 3 Waiver Form attached <input type="checkbox"/>	Copy of Memorandum of Disposition to Member Attached <input type="checkbox"/>	

Disposition imposed under Rule 3:				
No Action Warranted <input type="checkbox"/>	Letter of Censure <input type="checkbox"/>	Intra - Troop Transfer <input type="checkbox"/>	Probation <input type="checkbox"/> # of days:	Loss of A.L. Days <input type="checkbox"/> # of days:

Pursuit Report			AMS #		
			SJS #		
Member Initiating Pursuit					
Name (Last, First, MI)		Rank	EOD	Shield #	TZS
Pursued Vehicle Operator Information (If Known)					
Name (Last, First, MI)			Age (Estimate if not Identified)		Gender
Impairment:		Suspended/Revoked:		If Yes:	
Pursuit Information					
Time Started:		Time Ended:		Other Agencies Involved:	
Reason for Pursuit					
Weather Condition					
Light Condition					
Road Condition					
Type of Area					
County Commenced:			County Ended:		
Emergency Lights Used:			Emergency Sirens Used:		
Tire Deflator Used:			If Yes, Were Tires Deflated?		
End of Pursuit:			If Legal Intervention, Specify:		
Charges Filed:					
	Number Killed	Number Injured			
Division Vehicle					
Pursued Vehicle					
Third Party					
Member Signature:					
Pursuit Supervisor Signature:					

Reporting Member: Submit form via email to the incident supervisor, cc: your station supervisor's inbox

Incident Supervisor: Forward completed form via email to: pursuit@troopers.ny.gov

<h2 style="margin: 0;">Use of Chemical Agent</h2>				AMS #			
				SJS #		Date of Incident:	

Member Information								
Name (Last, First, MI)		Rank	Employee ID #	TZS	Shield #	Gender	Ht.	Wt.
Injured:		Occurred:						
Describe How:								

Subject Information							
Name (Last, First, MI)		DOB	Race		Gender	Ht.	Wt.
Address		City		State	Zip	Phone #	
Injured:		Occurred:					
Describe How:							

Incident Details				
Time:	Tour:	C/T/V:	County:	
Nature of Initial Incident:				
Situation Upon Arrival:				
Subject Armed		Type of Weapon:		
Subject Threaten Use of Weapon		Describe:		
OC Effective		Brand Name:		
Subject's Condition Prior to Use of Force (check all that apply)	Alcohol-Influenced <input type="checkbox"/>	Combative <input type="checkbox"/>	Drug-Influenced <input type="checkbox"/>	Fleeing <input type="checkbox"/>
	Not Following Commands <input type="checkbox"/>	Hostile <input type="checkbox"/>	Mentally Ill <input type="checkbox"/>	Resisting <input type="checkbox"/>
	Suicidal <input type="checkbox"/>	Other <input type="checkbox"/>	Specify:	
Distance from Subject	ft			
# of Bursts				
Additional Info:				
Member Signature:				
Incident Supervisor Signature:				

Reporting Member: Submit form via email to the incident supervisor, & cc: your station supervisor's inbox

Incident Supervisor: Forward completed form via email to: useofforce@troopers.ny.gov

Taser Usage	AMS #	Serial #
	SJS #	Date of Incident:

Member Information

Name (Last, First, MI)	Rank	Employee ID #	TZS	Shield #	Gender	Ht.	Wt.
Injured:	Occurred:	Describe:					

Subject Information

Name (Last, First, MI)	DOB	Race	Gender	Ht.	Wt.
Address	City	State	Zip	Phone #	
Injured:	Occurred:	Describe:			

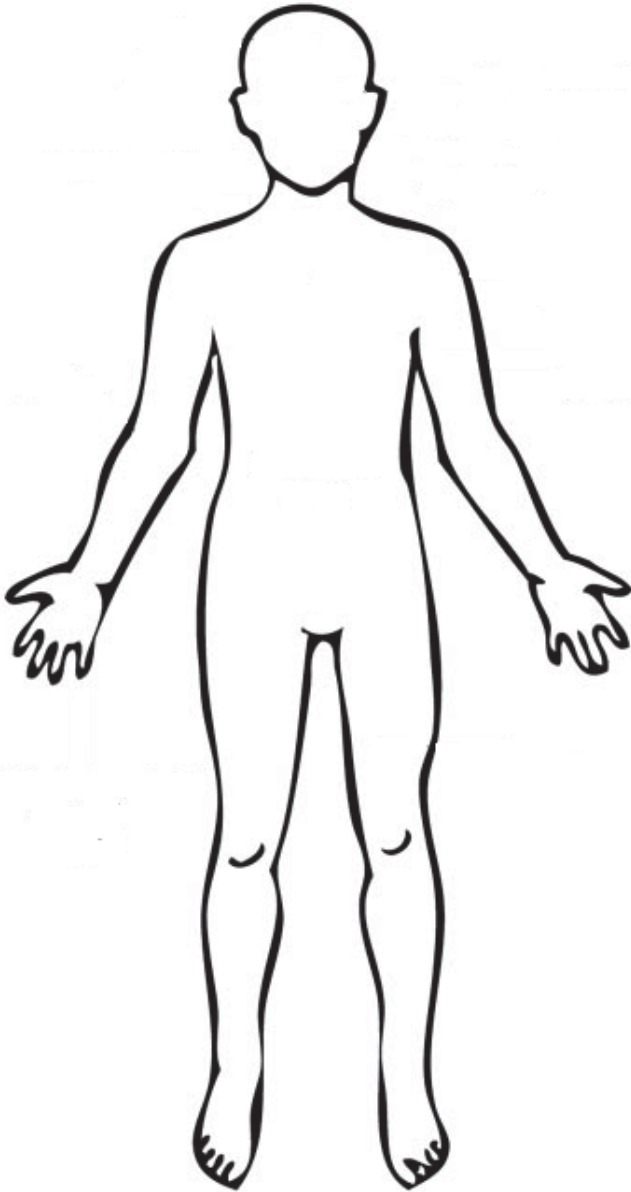
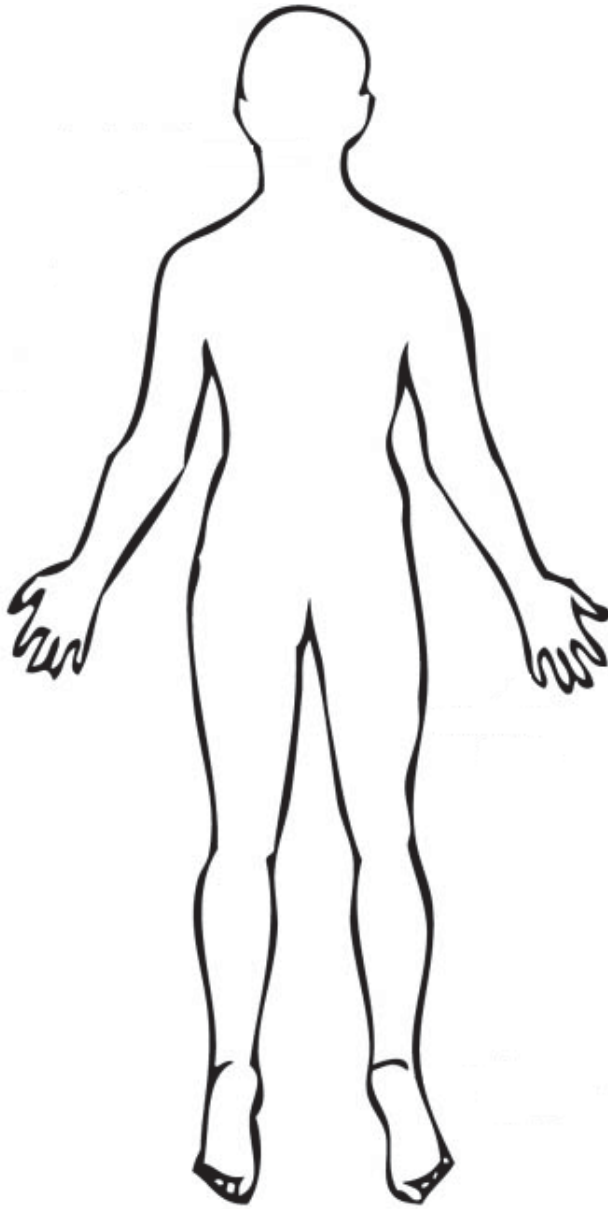
Incident Details

Time:	Tour:	C/T/V:	County:
Nature of Initial Incident:			
Situation Upon Arrival:			
Subject Armed		Type of Weapon:	
Subject Threaten Use of Weapon		Describe:	
Subject Arrested		Charges:	
Subject Condition Prior to Use of Force (check all that apply)	Alcohol-Influenced	<input type="checkbox"/>	Combative <input type="checkbox"/>
	Not Following Commands	<input type="checkbox"/>	Hostile <input type="checkbox"/>
	Suicidal	<input type="checkbox"/>	Other <input type="checkbox"/>
Deployed Probes	# Cycles:	Serial #1:	Secured <input type="checkbox"/> Discarded <input type="checkbox"/>
		Serial #2:	Secured <input type="checkbox"/> Discarded <input type="checkbox"/>
Drive Stun	# Cycles:		
Was Taser Effective		Describe:	
Was 2 nd Cartridge Used		If so, was it effective?	
Three-Point Drive Stun			
Distance from Subject	ft		

Comments:

Taser Usage	AMS #	Serial #
	SJS #	Date of Incident:

Place an "X" for probe hits, a "C" for probe hit but clothing disconnect and a "D" for drive stun locations.

Front	Back
	

Member Signature:

Incident Supervisor Signature:

Supervisor Reminder
-Attach Photos and Data Download-

Reporting Member: Submit form via email to the incident supervisor, cc: your station supervisor's inbox

Incident Supervisor: Forward completed form, pictures, & Taser download via email to: useofforce@troopers.ny.gov


**State
Police**

Report of Incident Verification

SJS #

Date of
Incident:

NOTICE: This form is to be given to the crime victim or complainant ONLY. It will serve as verification that this incident was reported to the New York State Police. The Injury, Property Damage, Property Loss (Missing or Stolen), and Associated Monetary Values indicated below represent information supplied to us by the victim, complainant, owner, or representative. If an Incident Report is submitted, attach this form as an enclosure. Otherwise, retain with case notes.

This is NOT an Incident Report or Criminal Investigation Report

DO NOT LIST ANY SUSPECTS OR ARRESTED PERSONS ON THIS FORM

Incident Details

Investigating Member (Last, First, MI)	Rank	Troop	Station

Date Reported	Time Reported	Location or Address of Reported Incident

Type of Incident Reported:

Person Details

Name (Last, First, MI)	Complainant	Victim	Owner	Rep. of Owner
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address	City	State	Zip	

Synopsis of Report Made by Complainant (Check boxes that apply)

Injury <input type="checkbox"/>	Type:			
	Sustained by:	Criminal Act <input type="checkbox"/>	Accidental Act of Other <input type="checkbox"/>	
		Reckless/Negligent Act of Other <input type="checkbox"/>	Trip/Slip/Fall <input type="checkbox"/>	
Damage <input type="checkbox"/>	Type:	Value:		
Theft <input type="checkbox"/>	Property Stolen:			
	Total Value of Property:			
	List Property Recovered:			
	List Damages to Property Recovered:			

Brief Synopsis/Additional Information: (*REMINDER: DO NOT LIST ANY SUSPECTS OR ARRESTED PERSONS*)

Signature of Member
Completing Form:

Central Records Bureau
Verification:

November 2018

For further information on how to request copies of reports, go to: www.troopers.ny.gov/Request_Government_Records/