

ON REPORTS OF ACCIDENTS OCCURRING ON STATE HIGHWAYS

THIS ...

REFERENCE MARKER DATA			
<div style="border: 2px solid black; padding: 5px; text-align: center;"> 23 1 3 0 6 1 3 4 7 </div>			
Top Line	First three spaces indicate the Route Number. Fourth space is reserved for route letter designations: 9W, 17M, 26A, etc. Interstate routes are designated as "I" in this space.		
Second Line	First space — Department of Transportation Region. Second space — County within the DOT region. Third and fourth spaces indicate the county order of the route from its beginning at Western or Southern terminus.		
Third Line	First space — Control segment in each County. Last three spaces indicates mileage in tenths-of-a-mile within the control segment.		

... BELONGS HERE!

DEPARTMENT OF MOTOR VEHICLES				PRINT OR TYPE ALL ENTRIES	
ACCIDENT REPORT					
VEHICLES, 504 CENTRAL AVENUE, ALBANY, N. Y. 12206, FILING A MOTOR VEHICLE PURSUANT TO SEC. 603 OF THE INVOLVED OR MORE THAN 4 PERSONS INJURED, ATTACH					
YEAR	DAY OF WEEK	HOUR OF DAY	INVESTIGATED AT SCENE		
		O'CLOCK <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> YES <input type="checkbox"/> NO		
(ABOVE SPACE FOR CASE NUMBER ONLY)					
LIGHT		<input type="checkbox"/> 2. DAWN	<input type="checkbox"/> 3. DUSK	<input type="checkbox"/> 4. DARK ROAD LIGHTED	<input type="checkbox"/> 5. DARK ROAD UNLIGHTED
NO. INJURED	NO. OF VEHICLES		PROPERTY DAMAGE ONLY <input type="checkbox"/>		
CITY OR LIMITS - CITY OF	OR VILLAGE OF		DEPT. OF TRANSPORTATION REFERENCE MARKER		
OF	COMMUNITY				
OR STREET NAME	AT INTER- SECTION WITH	ROUTE NO. OR STREET NAME			
E S W	NEAREST CROSSROAD, INTERSECTION, OR LANDMARK, AND POLE NO.				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF					
INITIAL	LAST NAME	MOTORIST IDENTIFICATION NO. EXACTLY AS PRINTED ON LICENSE			
DATE OF		MO.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ZIP CODE					