



Use only for accidents that happen in New York State.

New York State Department of Motor Vehicles REQUEST FOR COPY OF ACCIDENT REPORT

MV-198C (7/07)

Please choose one of the following:

- I am named in this accident report, or I am the authorized representative of a person named in this report.
- I am, or may be, a party to a civil action arising out of the conduct described in this accident report.
- I am the authorized representative of a person who is, or who may be, a party to a civil action arising out of the conduct described in this accident report.
- I am a representative of New York State or of a political subdivision of New York State, and will use this accident report ONLY for statistics or research relating to highway safety.
- Other reason: _____

Please Print Requester's Name and Address:

Requester's
 Signature _____
 Date of
 Signature _____

To knowingly make a false statement or conceal a material fact in this written statement is a criminal offense, punishable under Penal Law Section 210.45.

Provide as much information as you can about the accident:

Accident Date: _____

If more than 3 motorists were involved, please attach an additional MV-198C.

Accident Location (County): _____

Fatal Accident: YES

Responding Police Agency:

- NYC Precinct # _____ Accident # _____
- NYS Police _____
- Local _____

Plate No.	Driver License ID No. or No. from Non-Driver ID Card
NAME	Date of Birth
Address	Apt. No.
City	State Zip Code

Plate No.	Driver License ID No. or No. from Non-Driver ID Card
NAME	Date of Birth
Address	Apt. No.
City	State Zip Code

Check boxes below for all reports you are requesting:

- Police Report _____
- Motorist Report (NAME) _____
- Motorist Report (NAME) _____
- Motorist Report (NAME) _____

Mail completed form and payment to: NYSDMV, MV-198C Processing, PO Box 2086, Albany NY 12220-0086.

Non-refundable search fee \$10.00
 No. of reports requested _____ x \$15 \$ _____
 Total Amount Enclosed \$ _____

Optional - Your reference number:

Date: _____

Transaction #: _____

Operator: _____

Records Found No Records Found
 Search fee (non-refundable) \$10.00
 No. of Reports _____ x \$15 \$ _____
 Total \$ _____
 Amount Received \$ _____
 Refund \$ _____

- Please select payment method (Do Not Send Cash):**
- DMV account number

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 - Check/Money Order - Payable to **Commissioner of Motor Vehicles**
 - Exempt

Print name and address where the accident report(s) should be mailed:

