



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 (7/09)

Get accident reports instantly by purchasing them on the web. Visit http://nysdmv.com/AIS before you use this form.

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

Form fields for Motorist 1: Plate No., Driver License ID No. or No. from Non-Driver ID Card, NAME, Date of Birth, Address, Apt. No., City, State, Zip Code

Form fields for Motorist 2: 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)

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 \$

Please select payment method (Do Not Send Cash):

- DMV account number
Check/Money Order - Payable to Commissioner of Motor Vehicles
Exempt

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

Form for printing name and address where the accident report(s) should be mailed.

Optional - Your reference number:

DMV USE ONLY

Date:
Transaction #:
Operator:

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