



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 **X** _____

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: ____/____/____

Accident

Location (County): _____

Fatal Accident: ☐ YES

Responding Police Agency:

☐ NYC Precinct # _____ Accident # _____

☐ NYS Police _____

☐ Local _____

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

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) _____

MV-198C (1/18)

Mail completed form and payment to: NYSDMV, MV-198C Processing, 6 Empire State Plaza, Albany NY 12228.

Non-refundable search fee \$10.00

No. of reports requested _____ x \$15 \$0.00

Total Amount Enclosed \$

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:

_____ _____ _____

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. \$