



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

Use only for accidents that happen in New York State.

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:

RECORDS DEPOSITION SERVICE, INC.
PO BOX 5054, SOUTHFIELD, MI, 48086-5054

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.

Table with 2 columns: Motorist 1, Motorist 2. Fields include Plate No., Driver License ID No., NAME, Date of Birth, Address, Apt. No., City, State, Zip Code.

Table with 2 columns: Motorist 3, Motorist 4. Fields include Plate No., Driver License ID No., 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)

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

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

Large rounded rectangular box for mailing address.

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. \$