

CLAIM AGAINST THE CITY OF NEW YORK
VEHICULAR PROPERTY DAMAGE

*****READ & FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE*****
TYPE OR PRINT ALL INFORMATION CLEARLY

1 – PERSONAL INFORMATION

| | | |
|-----------------------|-------------------|----------------|
| Last Name of Claimant | | First Name |
| | | |
| Address | Borough | Zip Code |
| | | |
| Date of Birth | Social Security # | Telephone # |
| | | |
| Cell # | Fax # | E-Mail Address |
| | | |

2 – COMPLETE VEHICULAR INFORMATION

Make: _____ Year: _____ Model: _____ Mileage: _____ Color: _____ Plate: _____

3 – DRIVER’S INFORMATION

| | | |
|-----------------------------|-------------------------|--|
| Last Name | | First Name |
| | | |
| Complete Street Address | | (Number, Street, City (Boro), State, Zip+4 |
| | | |
| S.S.# _____ - _____ - _____ | Home Tel.# (____) _____ | Bus Tel#: (____) _____ |

4 – INSURANCE INFORMATION

Name of Carrier: _____

Complete Street Address: _____

Policy Number: _____ Name of Agent: _____ Tel#: (____) _____

| | | | | | | |
|----------------------|----------------------------------|-------------------------|----------------------------------|------------------------|----------------------------------|-------------------|
| Do you have | [<input type="checkbox"/>] Yes | Did you report accident | [<input type="checkbox"/>] Yes | Were you paid | [<input type="checkbox"/>] Yes | Amount of |
| Collision Insurance? | [<input type="checkbox"/>] No | To your Insurance co.? | [<input type="checkbox"/>] No | by your Insurance Co.? | [<input type="checkbox"/>] No | Deductible? _____ |

5 – ACCIDENT INFORMATION

Exact Date of Occurrence: Month: _____ Day: _____ Year: _____ Time: _____ am: _____ pm: _____

Exact Accident Location: _____

Detailed Description of Accident: _____

Did the Police Investigate the Accident? Yes ____ No ____ If YES, then identify the Police Officer with the following:

6 – TOW CLAIMS

Exact Date of Tow: Month: _____ Day: _____ Year: _____ Time: _____ am: _____ pm: _____

Exact Location Vehicle towed from: _____

Location Vehicle was picked up at: _____ Receipt#: _____ Voucher#: _____

7 – LIST OF DAMAGES AND COST

| | | |
|-------|--------------|-------|
| Date: | Description: | Cost: |
| | | |
| | | |
| | | |
| | | |

8 – N.Y.C. VEHICLE INFORMATION

| | | |
|--------------------------|-----------------|---|
| Last Name | First Name | Title |
| Complete Street Address | | (Number, Street, City (Boro), State, Zip +4 |
| City Agency Employed By: | | |
| Type of Vehicle: | License Plate#: | Towed Away: Yes No |

9 – AUTHORIZATION TO INSPECT AND APPRAISE YOUR VEHICLE’S DAMAGE

FULLY COMPLETE AND SIGN THE FOLLOWING AUTHORIZATION TO ALLOW US TO INSPECT & APPRAISE YOUR VEHICLE.

Make: Year: Model: License Plate#:

V.I.N. Number: Mileage:

Location where the vehicle may be seen:

Tel. #'s you may be reached at: Home: Work: Beeper/Cell:

Signature X:

PLEASE PROVIDE THE RELEVANT INFORMATION FOR THE FOLLOWING APPLICABLE ITEMS AND RETURN THE FORM PROMPTLY ALONG WITH THE MAIN CLAIM FORM.

10 – CONDITIONS & DESCRIPTION OF ACCIDENT/INCIDENT LOCATION

Check the Actions of the Vehicles Before the Accident:

| | | | | | |
|--------------------------|---------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| Yours | NYC | Yours | NYC | Yours | NYC |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | – Going Straight Ahead | | – Slowing or Stopping | | – Overtaking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | – Making a Right Turn | | – Stopped in Traffic | | – Merging |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | – Making a Left Turn | | – Entering a Parked Position | | – Backing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | – Making a U-Turn | | – Parked | | – Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | – Starting From Parked Position | | – Avoiding Object in Roadway | | – Changing Lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | – Starting in Traffic | | | | |

| | | |
|--|---|---|
| ROADWAY SURFACE CONDITIONS: | WEATHER: | TRAFFIC CONTROL: |
| <input type="checkbox"/> – Dry | <input type="checkbox"/> – Clear | <input type="checkbox"/> – None |
| <input type="checkbox"/> – Snow/Ice | <input type="checkbox"/> – Snow | <input type="checkbox"/> – Yield Sign |
| <input type="checkbox"/> – Wet | <input type="checkbox"/> – Rain | <input type="checkbox"/> – Red - Green |
| <input type="checkbox"/> – Slush | <input type="checkbox"/> – Other | <input type="checkbox"/> – Other |
| <input type="checkbox"/> – Muddy | <input type="checkbox"/> – Fog/Smog/Smoke | <input type="checkbox"/> – Red – Yellow – Green |
| <input type="checkbox"/> – Construction (man made cut) | <input type="checkbox"/> – Sleet/Hail/Freezing Rain | <input type="checkbox"/> – Stop Sign |
| <input type="checkbox"/> – Pothole (wear & tear condition) | | <input type="checkbox"/> – Flashing |
| | | <input type="checkbox"/> – Person Directing Traffic |
| | | <input type="checkbox"/> – Not working |

Accident Diagram: Number all the Vehicles

(Your Vehicle is #: 1 and NYC is #:2)

| | | | |
|-------------|-------------|-------------|--|
| <div></div> | <div></div> | <div></div> | <u>DESCRIBE DAMAGE TO YOUR VEHICLE</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PLEASE USE THE ABOVE DIAGRAM TO ILLUSTRATE THE EXAXT LOCATION OF THE ROADWAY OR SIDEWALK DEFECT

A – What caused the accident?

B – Is the location under repair?

Yes _____

No _____

C – Were the repairs recently completed?

Yes _____

No _____

If YES, when? _____

D – Does the defect appear to be man-made?

Yes _____

No _____

If YES, then explain whether this defect was a construction cut in the roadway or sidewalk. _____

E – Name of construction company (if known):

F – Was the defect next to a manhole?

Yes _____

No _____

If YES, please specify which utility (BY NAME): _____

G – What are the measurements of the defect?

Length: _____

Width: _____

Depth: _____

11 – **IMPORTANT INSTRUCTIONS FOR FILING THIS CLAIM**

CLAIMS MUST BE FILED WITHIN 90 DAYS FROM THE DATE OF THE INCIDENT AT THE NEW YORK CITY COMPTROLLER’S OFFICE, 1 CENTRE STREET, ROOM 1225, NEW YORK CITY, NEW YORK, 10007. COMPLETE ALL THE QUESTIONS ON BOTH SIDES OF THIS CLAIM FORM WHICH APPLY TO YOUR CLAIM.

PURSUANT TO STATE AND FEDERAL LAWS, THE COMPTROLLER’S OFFICE IS AUTHORIZED TO OBTAIN SOCIAL SECURITY NUMBERS FOR TAX REPORTING PURPOSES AND FOR THE COLLECTION OF LIENS HELD BY THE CITY AND STATE.

WE REQUIRE COPIES OF THE FOLLOWING DOCUMENTS:

- ITEMIZED STATEMENTS OF ESTIMATES OF DAMAGES.
- ITEMIZED PAID BILLS, CANCELLED CHECKS, ETC. AS PROOF OF PAYMENT FOR THE REPAIR OF THE DAMAGE.
- PHOTOGRAPHS OF DAMAGE DONE TO THE VEHICLE, IF AVAILABLE, WITH YOUR NAME AND ADDRESS PRINTED CLEARLY BEHIND EACH ONE SUBMITTED.
- PHOTOGRAPHS OF THE DEFECTIVE STREET OR ROADWAY, IF AVAILABLE.
- NOTARIZED WITNESS STATEMENTS, IF AVAILABLE.
- COPIES OF REGISTRATION, DRIVER’S LICENSE, TITLE AND LEASE AGREEMENT, IF APPLICABLE, VALID AT THE TIME OF THE ACCIDENT.

11 – **NOTARY CERTIFICATION**

Claimant’s signature: _____

Date: _____

State of New York] ss:

County of

_____ being duly sworn deposes and says that I have read the foregoing NOTICE OF

(PRINT NAME)

CLAIM and know the contents thereof; that the same is true to the best of my own knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Signature of Claimant: X: _____

Date: _____

IMPORTANT: IF THE CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE YAR AND NINETY DAYS FROM THE DATE OF THE INCIDENT.

NOTARY PUBLIC STAMP

Sworn to before me this _____

Day of _____ 20_____

(Signature of Notary Public)