

CITY OF NEW YORK AGENCY COLLISION / INCIDENT REPORT

**THIS FORM MUST BE COMPLETED BY DRIVER AND
SUBMITTED WITHIN 48 HOURS**

CRASH REPORT NO: FROM FLEET FOCUS

DATE OF LOSS MO/DAY/YEAR TIME AM PM	DAY OF WEEK NO. OF VEHICLES	CHECK TYPE OF LOSS: COLLISION OR INCIDENT A Collision is when a vehicle strikes a second vehicle, pedestrian, bicyclist, or fixed object. An Incident is when a vehicle is not in a collision. Examples: vandalism, theft, fire, damaged found from unknown source.
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VEHICLE 1 (CITY VEHICLE)

PLATE NUMBER	VEHICLE NUMBER	YEAR / MAKE / MODEL	CITY VEHICLE TOWED? YES NO	CITY VEHICLE TOW COST:	ODOMETER	
OPERATOR'S NAME – EXACTLY AS PRINTED ON LICENSE		Cargo or Property on or in City Vehicle damaged? YES NO If yes indicate what was damaged:				
JOB TITLE		Cargo or Property Damage Cost: Check location of damage: (If other describe)				
AGENCY	TIME SHIFT BEGAN					
DIVISION / UNIT						
CITY START DATE	LICENSE STATE					CLASS
MO / DAY / YEAR						
OPERATOR'S LICENSE NUMBER	EXPIRATION DATE					MO / DAY / YEAR
SUPERVISOR'S NAME		PHONE NUMBER	NO DAMAGE			

VEHICLE 2 IF VEHICLE 2 IS A CITY VEHICLE PROVIDE VEHICLE NUMBER:

OWNERS NAME – AS PRINTED ON REGISTRATION	PLATE NUMBER	STATE OF REG.	YEAR / MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)	
NUMBER AND STREET		Check location of damage: (If other describe)			
CITY	STATE	ZIP CODE			
INSURANCE CO.	INSURANCE POLICY NO.				
DRIVERS NAME – AS PRINTED ON LICENSE					
NUMBER AND STREET					
CITY	STATE				ZIP CODE
OPERATOR'S LICENSE NUMBER					LICENSE STATE
					NO DAMAGE

CHECK APPLICABLE COLLISION DIAGRAM

<p>CHECK IF APPLICABLE: PEDESTRIAN BICYCLIST</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>LOCATION OF COLLISION OR INCIDENT (ADDRESS OR INTERSECTION) _____</p> <p>CHECK BOROUGH OF OCCURRENCE: QUEENS BROOKLYN MANHATTAN BRONX STATEN ISLAND</p> <p>OTHER: (SPECIFY) _____</p>	
DRAW A MORE DESCRIPTIVE DIAGRAM HERE	

