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## CITY OF NEW YORK AGENCY COLLISION / INCIDENT REPORT

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

DATE OF LOSS DAY OF WEEK **CHECK TYPE OF LOSS:** COLLISION OR INCIDENT MO/ DAY/YEAR A Collision is when a vehicle strikes a second vehicle, pedestrian, bicyclist, or fixed object. NO. OF VEHICLES TIME An Incident is when a vehicle is not in a collision. Examples: vandalism, theft, fire, damaged found ΑM ΡМ from unknown source. **VEHICLE 1 (CITY VEHICLE)** PLATE NUMBER VEHICLE NUMBER NO YEAR / MAKE / MODEL CITY VEHICLE TOWED? YES **ODOMETER** CITY VEHICLE TOW COST: 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: Cargo or Property Damage Cost: JOB TITLE Check location of damage: (If other describe) TIME SHIFT BEGAN D. Passenger door (s) **AGENCY** C. Front passenger E. Rear passenger side fender side quarter panel **DIVISION / UNIT** A. Hood CITY START DATE CLASS LICENSE STATE B. Front Bumper F. Rear bumper M. Other G. Rear/trunk MO / DAY / YEAR L. Undercarriage **OPERATOR'S LICENSE NUMBER EXPIRATION DATE** H. Rear driver side J. Front driver K. Roof I. Passenger quarter panel MO / DAY / YEAR side fender door (s) SUPERVISOR'S NAME PHONE NUMBER **NO DAMAGE** 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) ZIP CODE CITY STATE INSURANCE CO. INSURANCE POLICY NO. D. Passenger door (s) C. Front passenger E. Rear passenger side fender side quarter panel DRIVERS NAME - AS PRINTED ON LICENSE A. Hood F. Rear bumper B. Front Bumper NUMBER AND STREET M. Other G. Rear/trunk L. Undercarriage CITY STATE ZIP CODE H. Rear driver side K. Roof J. Front driver I. Passenger quarter panel side fender door (s) OPERATOR'S LICENSE NUMBER LICENSE STATE NO DAMAGE **CHECK APPLICABLE COLLISION DIAGRAM** CHECK IF APPLICABLE: PEDESTRIAN **BICYCLIST** REAR END RIGHT ANGLE NAME: 2. 1. 5. ADDRESS: SIDESWIPF LEFT TURN OTHER LOCATION OF COLLISION OR INCIDENT (ADDRESS OR INTERSECTION) 10. 6. DRAW A MORE DESCRIPTIVE DIAGRAM HERE CHECK BOROUGH OF OCCURRENCE: **QUEENS BROOKLYN MANHATTAN BRONX** STATEN ISLAND OTHER: (SPECIFY)

NAME OF INJURED #1	NATURE OF INJURY			
ADDRESS	NAME OF HOSPITAL			
NAME OF INJURED #2	NATURE OF INJURY			
DRESS NAME OF HOSPITAL				
NAME OF INJURED #3	NATURE OF INJURY			
ADDRESS	NAME OF HOSPITAL			
NAME	WITNESSES (ATTACH SEPARATE SHEET IF NECESSARY) ADDRESS			PHONE NUMBER
VEHICLE MOTION  VEHICLE: 1 2  PASSING BEING PASSED TURNING RIGHT TURNING LEFT U-TURN PULLING FROM CURB PULLING INTO CURB STOPPED IN TRAFFIC PARKED DOUBLE PARKED BACKING SKIDDING WRONG SIDE STREET STARTING FROM STOP POSITION CHANGING LANES ROLLED BACK ROLLED FORWARD ENTER OR EXIT PARKWAY/HIGHWAY OTHER (SPECIFY)	TRAFFIC CONTROL  TRAFFIC LIGHT STOP SIGN YIELD TRAFFIC AGENT NO TRAFFIC CONTROL OTHER (SPECIFY)  LIGHT CONDITIONS DAWN DAYLIGHT DUSK DARK CLOUDY	ONE FROM EACH CATEGOR  WEATHER  CLEAR RAINING SNOWING SLEETING FOG OTHER (SPECIFY)  ROAD CONDITIONS DRY WET SNOW ICY OTHER (SPECIFY)  LISION OR INCIDENT (OP	RY  ROADWAY  ONE-WAY  TWO-WAY SEPERATED INTERSECTION OTHER (SPECIFY)  ROAD SURFACE BLACK TOP CONCRETE COBBLESTONE OTHER (SPECIFY)  PERATOR'S STATEMENT	POLICE REPORT MADE?  YES NO N/A  POLICE OFFICER'S NAME:  BADGE NO.  PRECINT  POLICE REPORT#:  ARREST: YES NO N/A  SUMMONS: YES NO N/A
SIGN			DA	TE