

**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 Yes No Collision Insurance? Yes No Did you report accident To your Insurance co.? Yes No Were you paid by your Insurance Co.? Yes No Amount of 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 <input type="checkbox"/> <input type="checkbox"/> – Going Straight Ahead <input type="checkbox"/> <input type="checkbox"/> – Making a Right Turn <input type="checkbox"/> <input type="checkbox"/> – Making a Left Turn <input type="checkbox"/> <input type="checkbox"/> – Making a U-Turn <input type="checkbox"/> <input type="checkbox"/> – Starting From Parked Position <input type="checkbox"/> <input type="checkbox"/> – Starting in Traffic	Yours NYC <input type="checkbox"/> <input type="checkbox"/> – Slowing or Stopping <input type="checkbox"/> <input type="checkbox"/> – Stopped in Traffic <input type="checkbox"/> <input type="checkbox"/> – Entering a Parked Position <input type="checkbox"/> <input type="checkbox"/> – Parked <input type="checkbox"/> <input type="checkbox"/> – Avoiding Object in Roadway	Yours NYC <input type="checkbox"/> <input type="checkbox"/> – Overtaking <input type="checkbox"/> <input type="checkbox"/> – Merging <input type="checkbox"/> <input type="checkbox"/> – Backing <input type="checkbox"/> <input type="checkbox"/> – Other <input type="checkbox"/> <input type="checkbox"/> – Changing Lanes
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ROADWAY SURFACE CONDITIONS:

– Dry – Snow/Ice
 – Wet – Slush
 – Muddy – Other
 – Construction (man made cut)
 – Pothole (wear & tear condition)

WEATHER:

– Clear – Snow
 – Rain – Other
 – Fog/Smog/Smoke
 – Sleet/Hail/Freezing Rain

TRAFFIC CONTROL:

– None – Yield Sign
 – Red - Green – Other
 – Red - Yellow - Green
 – Stop Sign – Flashing
 – Person Directing Traffic
 – Not working

Accident Diagram: Number all the Vehicles

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

DESCRIBE DAMAGE TO YOUR VEHICLE

PLEASE USE THE ABOVE DIAGRAM TO ILLUSTRATE THE EXACT 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 YEAR AND NINETY DAYS FROM THE DATE OF THE INCIDENT.

NOTARY PUBLIC STAMP

Sworn to before me this _____

Day of _____ 20_____

 (Signature of Notary Public)