

**CLAIM AGAINST THE CITY OF NEW YORK  
AUTOMOBILE PROPERTY DAMAGE  
READ AND FOLLOW INSTRUCTIONS ON PAGE 3**

To the Comptroller of the City of New York: I herewith present my claim against the City of New York for automobile or vehicle property damage.

**TYPE OR PRINT INFORMATION  
VEHICLE OWNER AND DRIVER INFORMATION**

Owners Name	Last	First	SS#	Business Phone		
Home Address	Number & Street	City (Boro)	Zip	Home Phone		
Vehicle Plate Number	Year	Make	Model	Mileage	Color	License
Drivers Name	Last	First	Home Phone	Business Phone		
Home Address	Number & Street	City (Boro)	Zip			
Do you have Collision Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you report accident to your Insurance Co.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you paid by your Insurance Co.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Deductible? _____
Name of Insurance Company	Policy #					
Address						

**ACCIDENT INFORMATION**

Date of Occurrence	Month	Day	Year	Time
Accident Location				
Accident Description (in detail)				
Tow-Away				
Date of Tow:	Receipt #	Voucher #		
Vehicle Towed From	Picked up at Location			

**CONDITIONS AND DESCRIPTION OF ACCIDENT LOCATION**

**CHECK ACTIONS OF VEHICLES BEFORE ACCIDENT**

Your NYC <input type="checkbox"/> Going Straight Ahead <input type="checkbox"/> Making Right Turn <input type="checkbox"/> Making Left Turn <input type="checkbox"/> Making U Turn <input type="checkbox"/> Starting from Park <input type="checkbox"/> Starting in Traffic	Your NYC <input type="checkbox"/> Slowing or Stopping <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Entering Parked Position <input type="checkbox"/> Parked <input type="checkbox"/> Avoid Object in roadway	Your NYC <input type="checkbox"/> Overtaking <input type="checkbox"/> Merging <input type="checkbox"/> Backing <input type="checkbox"/> other <input type="checkbox"/> Changing Lanes
<b>ROADWAY SURFACE CONDITION</b> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Construction (man-made cut) <input type="checkbox"/> Pothole (wear and tear condition)	<b>WEATHER</b> <input type="checkbox"/> Clear <input type="checkbox"/> Sleet/Hail/Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Other	<b>TRAFFIC CONTROL</b> <input type="checkbox"/> None <input type="checkbox"/> Red-Green <input type="checkbox"/> Red-Yellow-Green <input type="checkbox"/> Stop Sign <input type="checkbox"/> Person directing traffic <input type="checkbox"/> Not working
<input type="checkbox"/> Snow/Ice <input type="checkbox"/> Slush <input type="checkbox"/> Other	<input type="checkbox"/> Snow <input type="checkbox"/> Fog/Smog/Smoke	<input type="checkbox"/> Yield Sign <input type="checkbox"/> Other

ACCIDENT DIAGRAM: NUMBER THE VEHICLES  
(YOUR VEHICLE IS #1 AND NYC IS #2)

DESCRIBE DAMAGE TO YOUR VEHICLE


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Did Police Investigate  
Accident ?

Yes Police Officer's  
 No Name

Police Accident #

Shield #

Pct.

**LIST OF DAMAGES AND COST**

DESCRIPTION	COST	DESCRIPTION	COST

TOTAL AMOUNT

**CITY OF NEW YORK VEHICLE AND DRIVER INFORMATION**

Name of City of N.Y. Driver	Last	First	License Plate #
Home Address	Number	Street	City(Boro) State Zip
Employed by	Towed Away No <input type="checkbox"/>		

**AUTHORIZATION TO INSPECT AND APPRAISE VEHICLE DAMAGE**

Kindly complete and sign the authorization to allow us to inspect and appraise the vehicle.

Make/Model of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle I.D. Number \_\_\_\_\_ Mileage \_\_\_\_\_

Location where vehicle may be seen \_\_\_\_\_

Signature X \_\_\_\_\_

**INSTRUCTIONS FOR FILING THIS CLAIM**

**IMPORTANT**

**Claims must be filed within 90 days from the date of the accident at the Office of the comptroller, Municipal Building, Rm. 1225 1 Centre Street, New York, New York 10007. Complete the boxes on both sides of the claim form which apply to your claim.**

**Attach Copies of:**

- \* ITEMIZED STATEMENTS OF ESTIMATES OF DAMAGES.
- \* ITEMIZED PAID BILLS, CANCELLED CHECKS, ETC. AS PROOF OF PAYMENT OFR REPAIR OF DAMAGE.
- \* PHOTOGRAPHS OF DAMAGED VEHICLE, IF AVAILABLE.
- \* PHOTOGRAPHS OF DEFECTIVE STREET OR ROADWAY, IF AVAILABLE.
- \* NOTARIZED WITNESS STATEMENT, IF AVAILABLE.

**NOTARY CERTIFICATION**

\_\_\_\_\_  
Date Signature of Claimant X

\_\_\_\_\_  
State of New York } ss:  
County of

\_\_\_\_\_  
(PRINT NAME) Being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM

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

Signature  
Of Claimant X \_\_\_\_\_

**IMPORTANT: IF CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE YEAR AND 90 DAYS FROM DATE OF ACCIDENT.**

NOTARY PUBLIC STAMP

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public