

Town of West Seneca - Auto Accident Form

Please complete this form and return to: West Seneca Legal Department: dwebber@twсны.org and
cc: Tompkins Insurance Agencies: AVanCott@tompkinsfinancial.com

Contact person: Diane Webber
Phone: 716-558-3240

****Please Note****

The local POLICE DEPARTMENT should always be contacted from the scene of the accident in any bodily Injury or Property damage as a result of a collision.

Today's Date _____

Name of Employee involved in accident: _____

Date of Incident _____ Time of incident _____ AM/PM

Police Dept: _____ Policy Report #: _____

Location of Accident: _____

Description of Incident including surroundings & weather: _____

Nature of Injury (including body parts): _____

Insured vehicle (West Seneca)

Year: _____ Make: _____ Model _____ Plate #: _____

Vin # _____

Vehicle towed: Y / N Location of vehicle: _____

Other vehicle (Claimant): Year: _____ Make: _____ Model: _____ Plate # _____

Name of other driver: _____ Address: _____

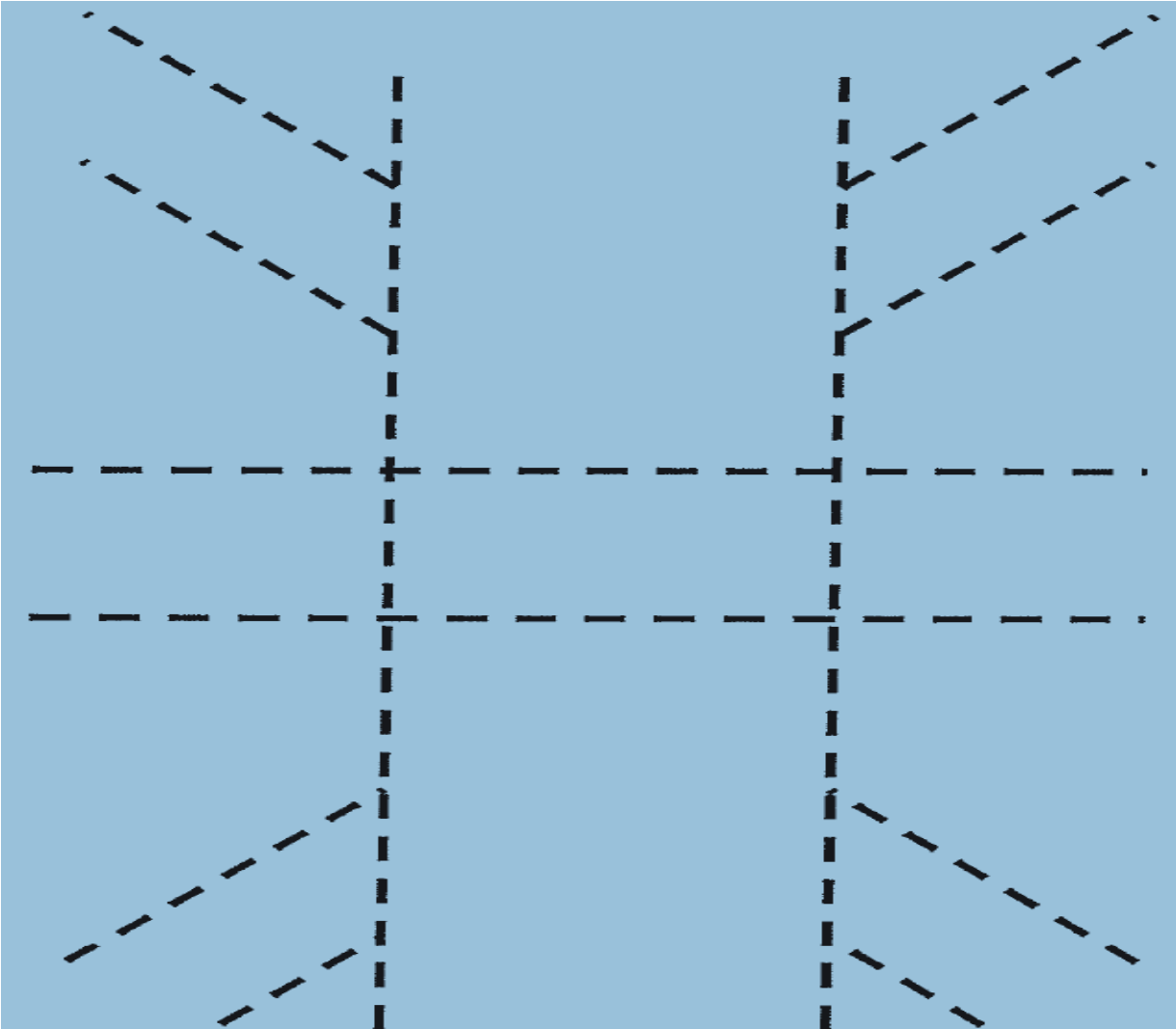
_____ Phone # of Claimant: _____

Other vehicle Carrier info: _____ Policy #: _____

Description of damage: _____

Name of person completing form: _____

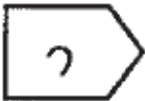
Date: _____



Your vehicle



Pedestrians



Other vehicles,
numbered successively



Traffic signal(s)



Automobile Accident Claim Checklist

Injuries

- If there are injuries to any person in your vehicle, the injured party must complete the No Fault application (for medical expenses) provided by your insurance company. By New York State law, this form must be completed and returned to your insurance company within 30 days of the accident.

- Please be aware, there are VERY specific time guidelines and statutes with regard to No Fault (medical expenses). These guidelines refer to, but are not limited to: turning in receipts, reports, applications and forms to your insurance carrier. Your insurance carrier must follow the statutes as defined by NYS. Please discuss your injury claim carefully and thoroughly with your adjuster.

Damages

- If your vehicle is driveable, choose a collision shop and obtain an estimate for repairs. Depending on the severity of the damages, your claim adjuster will either inspect the vehicle or simply request a written estimate of damages.

- If your vehicle is not driveable, your claim adjuster will make arrangements to inspect the vehicle at its place of storage.

- It is not uncommon to find supplemental damage during the course of repairs. Your repair shop will coordinate the supplemental charges with your adjuster.

- If your vehicle is deemed a total loss by your insurance company, please contact your Tompkins Insurance representative for more information regarding total loss claims.

NYS Required Report of Accident

- If there are any injuries OR there is property damage in excess of \$1,000, you must complete the MV104 form, which will be provided by your Tompkins Insurance representative or your insurance company.

VERY IMPORTANT:

It is the driver's responsibility to complete and mail the MV 104 form.

By New York State law, this form must be completed and mailed to the Albany address on the form within 10 days of the accident.

Repairs

- Your adjuster will work with your chosen collision shop to come to an agreement on both the extent of the damage and the cost to repair. Once agreed upon, your collision shop will be given approval to proceed with repairs.

- You may choose to sign a "direction of pay" so that your collision shop is paid directly from your insurance company, minus your deductible. It will be your responsibility to pay the collision shop your deductible.

- If you have paid off your car loan and have received a Lien Release from the bank, please provide it to your Tompkins representative.

Rental

- If a rental car is needed, check with your adjuster or your Tompkins Insurance representative to see if your policy includes rental reimbursement. Either your insurance company or your Tompkins Insurance representative can help facilitate your rental.

FOLD ← → HERE

New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT
www.dmv.ny.gov

Use only for accidents that happen in New York State

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DO NOT FORGET ACCIDENT DATE
Page of
RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT
Accident Date Month Day Year
Day of Week
Time AM PM
Number of Vehicles
Number Injured
Number Killed
Did police investigate accident at scene?
If "Yes", Name of Police Agency or Precinct & Accident Number

DRIVER OF VEHICLE 1
Driver License ID Number
State of License
Driver Name-exactly as printed on license (Last, First, M.I.)
Address (Include Number & Street)
Apt. Number
City or Town
State
Zip Code
Date of Birth
Sex
Number of People in Vehicle
Public Property Damaged

REGISTRANT
Name-exactly as printed on registration
Date of Birth
Sex
Address (Include Number & Street)
Apt. Number
City or Town
State
Zip Code
Plate Number
State of Reg.
Vehicle Year & Make
Vehicle Type
Ins. Code

VEHICLE DAMAGE
Estimated Cost of Property Damage - Vehicle 1
Describe damage to vehicle 1
ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9.
Describe damage to vehicle 2

ACCIDENT LOCATION
Place Where Accident Occurred in New York State:
County
Road on which accident occurred
at 1) intersecting street
or 2)
How did the accident happen?

ALL INVOLVED
Names of All Persons Involved
8. Which Veh. Occupied
9. Position in/on Vehicle
10. Safety Equip. Used
12. Age
13. Sex
16. Injury
Describe Injuries
If Deceased, Enter Date of Death

INSURANCE
Identify Damaged Property Other Than Vehicle(s)
Name of Insurance Company That Issued Policy For Vehicle 1
Name and Address of Policy Holder
VIN
Policy Number
Policy Period From To
Name and Address of Permit Holder
and State

Date
Print Name of Driver (or Representative*) of Vehicle 1
Signature of Driver (or Representative*) of Vehicle 1

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.
An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.

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30

SECTION A

You must report within 10 days any accident occurring in New York State causing a fatality, personal injury or damage over \$1,000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. You must fill in all information requested on the report.

Then fill in the boxes numbered 1-7 and 23-30 in the right margin on page 1 by entering the number of the item from Section B that best describes the circumstances of the accident. If a question does not apply, enter a dash ("-"). If you do not know an answer, enter an "X".

INSTRUCTIONS - PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK
* First — fold along this shaded, dotted line.*

* Don't fold internet form. Instead, place page 2 over page 1, with the arrows on page 2 pointing to the boxes on the right edge of page 1.

VEHICLE INVOLVEMENT - If you were in an accident involving:

- **two-cars**, enter your information in the VEHICLE 1 section and the other driver's information in the VEHICLE 2 section.
- **a pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for Vehicle 2, and check the PEDESTRIAN, BICYCLIST or OTHER PEDESTRIAN box.
- **a vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for VEHICLE 2.
- **an unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the VEHICLE 2 block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked VEHICLE 1 and mark it # 3. Use the space marked VEHICLE 2 for the fourth vehicle, and mark it # 4 and so on. Additional forms are available at any Motor Vehicles office or from the DMV website: www.dmv.ny.gov.

- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.
- 4 ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street. If available, identify a **permanent landmark** nearby, such as a business, school, shopping mall, parking lot, water tower, railroad, mountain or cell tower.
- 5 ALL INVOLVED** - List the names of all persons involved in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than four people are involved, complete another report. In the ALL INVOLVED section of that report, provide the required information for everyone else involved in the accident. Enter the following codes in the appropriate columns:

WHICH VEHICLE OCCUPIED (Column 8) - Enter the appropriate number or letter.

1. Vehicle 1 2. Vehicle 2 B. Bicyclist P. Pedestrian O. Other Pedestrian

POSITION IN/ON VEHICLE (Column 9) - Enter the number from this diagram which corresponds to each person's position.

1. Driver 2-7. Passengers 8. Riding/Hanging on Outside
-

SAFETY EQUIPMENT USED (Column 10)

- | | | |
|-----------------------------|---|---|
| 1. None | 7. Air Bag Deployed | In-Line Skater/Bicyclist
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only |
| 2. Lap Belt | 8. Air Bag Deployed/Lap Belt | |
| 3. Shoulder Restraint | 9. Air Bag Deployed/Shoulder Restraint | |
| 4. Lap Belt Restraint | A. Air Bag Deployed/ Lap Belt/Restraint | |
| 5. Child Restraint Only | B. Air Bag Deployed/Child Restraint | |
| 6. Helmet (Motorcycle Only) | O. Other | |

INJURY (Columns 16A-C) - Check all column(s) that apply and DESCRIBE INJURIES:

- A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.
- B - Lump on head, abrasions, minor lacerations.
- C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

6 INSURANCE - Enter damage to private property, if any, insurance policy information and VIN.

Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE IS INJURED OR DECEASED.

Send original to: CRASH RECORDS CENTER
6 EMPIRE STATE PLAZA
PO BOX 2925
ALBANY NY 12220-0925

SECTION B

USE TO COMPLETE
BOXES 1-7 and 23-30 ON PAGE 1

Be sure your answers are marked INSIDE THE BOXES ON PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway
14. Not in Roadway

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Parking Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

- | | | |
|-------------|----------------------|------------------------|
| 1. Daylight | 3. Dusk | 5. Dark-Road Unlighted |
| 2. Dawn | 4. Dark-Road Lighted | |

ROADWAY CHARACTER

- | | |
|--------------------------|-----------------------|
| 1. Straight and Level | 4. Curve and Level |
| 2. Straight and Grade | 5. Curve and Grade |
| 3. Straight at Hillcrest | 6. Curve at Hillcrest |

ROADWAY SURFACE CONDITION

- | | | | |
|--------|-------------|------------|----------|
| 1. Dry | 3. Muddy | 5. Slush | 0. Other |
| 2. Wet | 4. Snow/Ice | 6. Flooded | |

WEATHER

- | | |
|-----------|-----------------------------|
| 2. Cloudy | 5. Sleet/Hail/Freezing Rain |
| 3. Rain | 6. Fog/Smog/Smoke |
| 4. Snow | 0. Other |
| 1. Clear | |

DIRECTION OF TRAVEL

-
- | | |
|--------------|--------------|
| 1. North | 5. South |
| 2. Northeast | 6. Southwest |
| 3. East | 7. West |
| 4. Southeast | 8. Northwest |

PRE-ACCIDENT VEHICLE ACTION

- | | |
|-----------------------------|--------------------------------|
| 1. Going Straight Ahead | 11. Avoiding Object in Roadway |
| 2. Making Right Turn | 12. Changing Lanes |
| 3. Making Left Turn | 13. Passing |
| 4. Making U Turn | 14. Merging |
| 5. Starting from Parking | 15. Backing |
| 6. Starting in Traffic | 16. Making Right Turn on Red |
| 7. Slowing or Stopping | 17. Making Left Turn on Red |
| 8. Stopped in Traffic | 18. Police Pursuit |
| 9. Entering Parked Position | 20. Other |
| 10. Parked | |

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT

- COLLISION WITH**
- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |
- COLLISION WITH FIXED OBJECT**
- | | |
|--------------------------------|-------------------------------------|
| 11. Light Support/Utility Pole | 21. Median - Not At End |
| 12. Guide Rail - Not At End | 22. Snow Embankment |
| 13. Crash Cushion | 23. Earth Embankment/Rock Cut/Ditch |
| 14. Sign Post | 24. Fire hydrant |
| 15. Tree | 25. Guide Rail - End |
| 16. Building/Wall | 26. Median - End |
| 17. Curbing | 27. Barrier |
| 18. Fence | 30. Other Fixed Object |
| 19. Bridge Structure | |
| 20. Culvert/Head Wall | |

NO COLLISION

- | | |
|--------------------|--------------------------|
| 31. Overturned | 33. Submersion |
| 32. Fire/Explosion | 34. Ran Off Roadway Only |
| | 40. Other |

PAGE 1

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Event

29

1

Second Event

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