

PLEASE READ THE INSTRUCTIONS IN SECTION A ON THE BACK REPORT OF MOTOR VEHICLE ACCIDENT DO NOT FORGET ACCIDENT DATE.

Your Vehicle No. 1, Accident Date, Day of Week, Time, Number of Vehicles, Left Scene, Did police investigate accident at scene?, If Yes, Name of Police Agency, Other Vehicle No. 2

Motorist Identification Number Exactly as Printed on License

Last Name of Driver 1, First Name, Middle Initial, Last Name of Driver 2, First Name, Middle Initial

Number and Street, City, State, Zip Code

Date of Birth, Sex, Unlicensed, State of License

Last Name of Owner 1, First Name, Middle Initial, Last Name of Owner 2, First Name, Middle Initial

Number and Street, City, State, Zip Code

No. of Occupants, Plate Number, State of Reg., Veh. Towed Away?, Vehicle Year & Make, Vehicle Type

Estimated Cost of Repairs, Vehicle Year & Make, Vehicle Type

Describe damage to veh. no. 1, ACCIDENT DIAGRAM, Describe damage to veh. no. 2

Reference Marker, County of Accident, Nearest Intersecting Route/Street

Route No. or Street Name, Miles, Feet, N, S, E, W of, At Intersection With

INJURY SECTION: FILL OUT SPACE BELOW FOR EVERY PERSON INJURED OR KILLED IN THE ACCIDENT.

Table with columns: Name and Address, 8. In Veh. No., 12. Age, 13. Sex, Describe Injuries, 16. K, A, B, C, Date of Death

Accident Description (Give your own version)

Identify Damaged Property Other Than Vehicle(s)

Name of Insurance Company Which Issued Policy, Policy Number, From, To

Name and Address of Policyholder, Name and Address of Permit Holder

If Vehicle was Operated under Permit to ICC or NYS DOT give No., Is Form SR-23 (Fleet Coverage) on File with the Commissioner?, If Self-Insured give Certificate No., And State

Date, Signature of Driver of Vehicle No. 1, Print Same Driver's Name Here, If Signed by Other Than Driver, Give Reason