



Before completing this form, read the instructions on page 2. Use only for crashes that happen in New York State. Print or type all information. Use black ink.

DO NOT FORGET CRASH DATE

Crash Date (Month, Day, Year), Day of Week, Crash Time (AM/PM), # of Vehicles/Units, # Injured, # of Fatalities, Police Responded, Police Filed Crash Report, Police Agency/Precinct/Crash #

PART A: Your Vehicle/Unit vs PART B: Other Vehicle/Unit (OTHER DRIVER, PEDESTRIAN, BICYCLIST, E-BIKE/E-SCOOTER)

DRIVER section: Driver License ID #, State of License, Driver Name, Address, City or Town, State, Zip Code, Date of Birth, Sex, # of People in Vehicle/Unit

REGISTRANT section: Name, Address, City or Town, State, Zip Code, Plate #, State of Reg., Vehicle/Unit Year/Make/Model, Vehicle/Unit Type, Vehicle Identification Number, Insurance Code, Insurance Company/Self Insured Name, Insurance Policy/Certificate #

3 Cost of repairs to any one unit or property will be more than \$1,000. Crash Diagram Code: If there were exactly 2 motor vehicles involved, in the box on the left enter the number from the diagram below (numbered 0-8) that best matches the crash. Enter a 9 if the crash involved one vehicle, 3 or more vehicles, or a pedestrian/bicyclist/e-bike/e-scooter. You may draw the diagram in box 9.

CRASH DESCRIPTION section: Diagrams 0-9 showing crash types (Left Turn, Rear End, Sideswipe, Right Angle, Right Turn, Head On, Sideswipe opposite direction)

Briefly describe how the crash happened.

4 County, City/Town/Village of

Road Where Crash Occurred (route #, road, street name or address), House #, Permanent Landmark

CRASH LOCATION section: At Intersection With (Route #, Road, Street Name or Exit #) OR Feet/Miles of (Route #, Road, Street Name, Exit # or Milepost), Crash Occurred at an Intersection, Parking Lot

PERSONS INVOLVED section: Name of Drivers, Passengers, Pedestrians and Bicyclists, 8. Which Unit Occupied, 9. Position in/on Unit, 10. Safety Equip. Used, 12. Age, 13. Sex, 15. Injury, Describe Most Serious Injuries, Date of Death (If Applicable)

Date, Print Name of Driver (or Representative*), Signature of Driver (or Representative*)

* 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 next to "I am signing on behalf of...", enter the vehicle/unit number and check the box that describes why the driver cannot sign. I am signing on behalf of Vehicle/Unit ____. Injury Death

A crash 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.

Check this box if you are a firefighter and this crash occurred while responding to a call in emergency operation as defined by Vehicle and Traffic Law 114-b.

