

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

<p>A Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ () _____</p>	<p>D Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ () _____</p>
<p>B Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ () _____</p>	<p>E Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ () _____</p>
<p>C Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ () _____</p>	<p>Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name: _____</p> <p>Shield No. _____</p>

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 <u>464164220</u>	Vehicle No. 2 <u>4028871558</u>
Expiration Date <u>07/18/11</u>	Expiration Date <u>07/11/11</u>
VIN <u>YA3AB26F16E042580</u>	VIN <u>SNM5G73D37H047139</u>

WITNESS (Attach separate sheet, if necessary)

Name _____	Address _____	Phone _____

DUPLICATE COPY REQUIRED FOR:

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify) _____
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

<p>PROPERTY DAMAGED (other than vehicles)</p>	<p>OWNER OF PROPERTY (include city agency, where applicable)</p>
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IF NYPD VEHICLE IS INVOLVED:

Police Vehicle-Operator's First Name _____	Last Name _____	Rank _____	Shield No. _____	Tax ID. No. _____	Command _____
Make of Vehicle _____	Year _____	Type of Vehicle _____	Plate No. _____	Dept. Vehicle No. _____	Assigned To What Command _____

Equipment in Use At Time of Accident

Siren Horn Turret Light 4-Way Flasher High-Level Warning Lights Traffic Cones Headlights

ACTIONS OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal _____	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Viclator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	