

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

A Last Name <u>Ines</u> First <u>Rivera</u> M.I.				D Last Name _____ First _____ M.I.			
Address <u>3446 104th Ave NY 11106</u>				Address _____			
Date of Birth Month <u>10</u> Day <u>28</u> Year <u>77</u>		Telephone (Area Code) <u>(212) 2071288</u>		Date of Birth Month _____ Day _____ Year _____		Telephone (Area Code) _____	
B Last Name _____ First _____ M.I.				E Last Name _____ First _____ M.I.			
Address _____				Address _____			
Date of Birth Month _____ Day _____ Year _____		Telephone (Area Code) _____		Date of Birth Month _____ Day _____ Year _____		Telephone (Area Code) _____	
C Last Name _____ First _____ M.I.				Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address _____				Name: _____			
Date of Birth Month _____ Day _____ Year _____		Telephone (Area Code) _____		Shield No. _____			

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

Vehicle No. <u>WMWME73529TW85000</u>	Vehicle No.2 <u>Allstate pol # 91346114 01/15</u>
Expiration Date <u>8/25/09</u>	Expiration Date <u>07/18/2009</u>
VIN <u>460480420 progressive</u>	VIN <u>1N4AL11D13C159690</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.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

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					
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones
<input type="checkbox"/> Headlights					

ACTIONS OF POLICE VEHICLE

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