

MOTOR VEHICLE ACCIDENT INFORMATION FORM



Keep this Accident Form in your vehicle.

If you've been in an auto accident, stay calm and do the following:

STOP

You are required to STOP and give your name and address, as well as to show your driver's license and insurance identification card to the person whose property is damaged and/or injured, or to a police officer.

CALL 911 FOR THE POLICE AND MEDICAL ASSISTANCE

Have someone call 911. They will dispatch the police and any medical assistance. In getting help it's necessary to fix your location as precisely as possible. Briefly give the basic facts. In the meantime, make sure the injured person is as comfortable as possible and kept warm. Normally, you should not move the person.

PROTECT THE ACCIDENT SCENE

Make every effort to prevent further accidents and to protect the accident scene. Vehicles shouldn't be left in a position of danger if they can be moved, nor should occupants remain in such a vehicle if they are unharmed and can move about freely. Remember to have someone warn approaching traffic until the police arrive.

EXCHANGE INFORMATION

Obtain the names and addresses of all other drivers involved; this includes the owners of the vehicles and other passengers. Write down the ownership, license number, year and make of all vehicles involved. If possible, obtain the names and addresses of the insurance companies and the policy numbers covering the other vehicles and drivers involved. By law, an insurance policy information card must be carried in every vehicle licensed in New York State.

Get the name, address, and telephone number of every witness at the accident scene. If this is not possible, then try to record the witness' vehicle license plate number and its state. Do not discuss the accident with any witness.

Get the name, badge number and policy agency of the police officer who appears at the accident scene. Write down the details of the accident, including: date and time; road and weather conditions; the direction and speed of all other vehicles involved; and the type and location of any traffic control devices at the scene.

FILE AN ACCIDENT REPORT

If a person is injured or killed, or there is property damage that exceeds \$1000, you must file a written accident report with the Commissioner of Motor Vehicles within 10 days. Remember to keep a copy of the filed report for your records.

REPORT ACCIDENT TO YOUR INSURANCE COMPANY

Call your insurance company representative immediately after the accident. Send written notice, preferably by certified mail-return receipt requested, to your insurance company as soon as possible. Keep a copy of this correspondence and its postage receipt for your records. Include the date, time and place of the accident, as well as its circumstances. It should also contain the names of all injured persons and witnesses.

If you're injured, obtain a no-fault claim application immediately. New York State no-fault claims must be filed within 30 days of the accident. All medical bills must be submitted within 45 days of the medical service provided. Lost wage claims must be submitted within 90 days. You should submit your claims with the insurance company that covers the vehicle in which you were an occupant [passenger or driver], preferably by certified mail-return receipt requested. Keep a copy of these claims and its postage receipt for your records.

IF YOU'VE BEEN SERIOUSLY INJURED

Call us so we can make sure that all your rights are honored at **716-633-5050**.

Vehicle and Driver Information

Obtain information for all vehicles involved.

Vehicle Year/Make/Model: _____

VIN #: _____

Plate #/State: _____

Driver's Name: _____

Address: _____

City/State/Zip: _____

Driver's License #/State: _____

Driver's Insurance Co: _____

Policy #: _____

Owner's Name (if different from driver): _____

Address: _____

City/State/Zip: _____

Insurance Co: _____

Policy #: _____

Additional Vehicle and Driver Information

Vehicle Year/Make/Model: _____

VIN #: _____

Plate #/State: _____

Driver's Name: _____

Address: _____

City/State/Zip: _____

Driver's License #/State: _____

Driver's Insurance Co: _____

Policy #: _____

Owner's Name *(if different from driver)*: _____

Address: _____

City/State/Zip: _____

Owner's Insurance Co: _____

Policy #: _____

Witness Information

Witness Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

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Witness Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

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Witness Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____