New York City Comptroller
Mark Levine

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PD3-M2

Vehicular Property Damage Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

TYPE OR PRINT

I am filing: ◯ On behalf of myself.

◯ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:	
First Name:	
Relationship to the claimant:	

Claimant Information

*Last Name:	
*First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Date of Birth:	*Format: MM/DD/YYYY*
Soc. Sec. #	
HICN: (Medicare #)	
Date of Death:	*Format: MM/DD/YYYY*
Phone:	
Email Address:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

◯ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:	
Firm or First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Tax ID:	
Phone #:	
Email Address:	

**** Denotes required field(s).***

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The time and place where the claim arose

*Date of Incident:	*Format: MM/DD/YYYY*	Address:	
Time of Incident:	*Format: HH:MM AM/PM*	Address 2:	
		City:	
		State:	
*Location of Incident:		Borough:	

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

The items of damage claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

**** Denotes required field(s).***

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Witness 1 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 2 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 3 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Police Information

Police Officer Last Name:	
Police Officer First Name:	
Shield Number:	
Precinct:	
Report Number:	

Do you have a copy of the Police Report? ◯ Yes ◯ No

Witness 4 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 5 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 6 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

AUTHORIZATION TO INSPECT AND APPRAISE YOUR VEHICLE'S DAMAGE

You must complete the following. By completing the following you are allowing us to inspect and appraise your vehicle.

Make, Model, Year of Vehicle:	
Plate #:	
VIN Number:	
Mileage	
Location where the vehicle can be seen:	
Phone:	

**** Denotes required field(s).***

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Vehicle information

Owner Last Name	
Owner First Name	
Make, Model, Year of Vehicle:	
Mileage	
Color	
Plate #:	

Driver information if different than claimant

Last Name:	
First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Phone:	
Email Address:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

NYC vehicle information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Vehicle Type:	
Plate #:	

Towed Away? ◯ Yes ◯ No

Insurance Information

Do you have collision insurance? ◯ Yes ◯ No

Did you report your accident to your insurance company? ◯ Yes ◯ No

Were you paid by your insurance company? ◯ Yes ◯ No

Is payment pending? ◯ Yes ◯ No

Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

Tow Claims

Tow Date:		*Format: MM/DD/YYYY*
Tow Time:		*Format: HH:MM AM/PM*
Location vehicle was picked up at		
Receipt Number:		
Voucher Number:		

Was vehicle released or towed? ◯ Released ◯ Towed ◯ NA

Redemption Date:		*Format: MM/DD/YYYY*
Time of tow:		*Format: HH:MM AM/PM*
Location of tow:		
From:		
To:		

Towed by Sheriff or Marshall? ◯ Sheriff ◯ Marshall ◯ NA

District Attorney Release Number:	

**** Denotes required field(s).***

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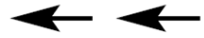
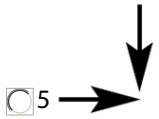
Conditions and description of accident/incident location

Choose the actions of the vehicle before the accident:

	Yours	NYC
Going straight ahead	☐	☐
Making a right turn	☐	☐
Making a left turn	☐	☐
Making a U-turn	☐	☐
Starting from a parked position	☐	☐
Starting in traffic	☐	☐
Slowing or stopping	☐	☐
Stopped in traffic	☐	☐
Entered a parked position	☐	☐
Parked	☐	☐
Avoiding object in roadway	☐	☐
Overtaking	☐	☐
Merging	☐	☐
Backing	☐	☐
Changing lanes	☐	☐
Other	☐	☐

Accident Diagram: Choose one of these diagrams if it describes the accident.

Left Turn ◯ 1	Rear End  ◯ 2	Overtaking ◯ 3
Left Turn ◯ 4	Right Angle  ◯ 5	Right Turn ◯ 6
Right Turn ◯ 7	Head On ◯ 8	Sideswipe ◯ 9

◯ None of these diagrams describes the accident.

Roadway surface conditions - Check all that apply

- ☐ Dry
- ☐ Wet
- ☐ Construction (man-made cut)
- ☐ Potholes (wear & tear condition)
- ☐ Snow or ice
- ☐ Slush
- ☐ Muddy
- ☐ Other

Traffic Control

- ☐ None
- ☐ Red - Green - Yellow
- ☐ Flashing
- ☐ Person directing traffic
- ☐ Red - Green
- ☐ Stop Sign
- ☐ Not Working

Weather Conditions

- ☐ Clear
- ☐ Rain
- ☐ Fog/Smoke/Smog
- ☐ Sleet/Hail/Freezing/Rain/Snow
- ☐ Other

**** Denotes required field(s).***

Describe damage to your vehicle. Include:

What caused the accident?

Was the location under repair?

Were the repairs recently completed?

Does the defect appear to be man-made?

Name of Construction Company?

Was the defect next to a manhole? If yes, please specify which utility by name.

What are the measurements of the defect? (length, width, depth)

***Total Amount Claimed:**

Format: Do not include "$" or ",".

_____ _____

Date

Signature of Claimant

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____

Signature of notary_____

**** Denotes required field(s).***