

**Other Driver's Insurance**

Name of insurance company:

\_\_\_\_\_

Company code: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of insurance agent:

Agency address:  
\_\_\_\_\_  
\_\_\_\_\_

**Police Information**

Name of agency: \_\_\_\_\_

Officer's name: \_\_\_\_\_

Badge number: \_\_\_\_\_

**Your Insurance**

Name of insurance company:

\_\_\_\_\_

Company code: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of insurance agent:

Agency address:  
\_\_\_\_\_  
\_\_\_\_\_

**Police Information**

Name of agency: \_\_\_\_\_

Officer's name: \_\_\_\_\_

Badge number: \_\_\_\_\_



**Involved in a  
collision?**

**What to do.**

**What information  
to exchange.**

A helpful pamphlet to keep in the  
glove compartment of your vehicle.

*Distributed as a community service by the*  
**New York State Police**

**What to do in the event of a collision:**

- 1 a. If the collision results in **death or injury** to a person, notify the police *immediately*. It is a *crime* to leave the scene of a fatal or personal injury accident. In addition, ALL involved drivers must file an accident report form (MV-104) within 10 days with the Department of Motor Vehicles (DMV). Failure to do so could result in license suspension.
- 1 b. If the collision results in **more than \$1,000** worth of damage to the property of any one person, ALL involved drivers must file an accident report form (MV-104) within 10 days with the DMV. Failure to do so could result in license suspension.
- 1 c. If the collision results in **\$1,000 or less** worth of damage to the property of each of the parties involved, you must stop and exchange name, address, driver license number, insurance information and vehicle registration information with the other drivers. If a parked vehicle or other property is damaged, or if a domestic animal is hurt, you must locate the owner or contact police.
- 2. Use this form to exchange information with the other involved driver. Complete all sections on both sides of this form, then tear along the dotted lines.
- 3. Notify your insurance agent.

Copies of the accident report form (MV-104) are available at your local DMV office, or may be downloaded directly from the DMV website at [www.nydmv.state.ny.us](http://www.nydmv.state.ny.us). You may also obtain them by writing to:

Public Service Bureau  
Department of Motor Vehicles  
Empire State Plaza  
Swan Street Building  
Albany, New York 12228

**Your Information**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

**Accident Information**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Street or Route: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

**Your Vehicle**

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_  
\_\_\_\_\_

Vehicle's plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

(more information on back)

**Other Driver's Information**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

**Accident Information**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Street or Route: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

**Other Driver's Vehicle**

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_  
\_\_\_\_\_

Vehicle's plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: Year: \_\_\_\_\_

(more information on back)