

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 Hartford
Police Department*



What to do in the event of a collision:

- 1a. 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 form (MV-104) within 10 days with the Department of Motor Vehicles (DMV). Failure to do so could result in license suspension.
 - 1b. 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.
 - 1c. 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, 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 the police.
- 2. Use this form to exchange information with the other involved driver(s). Complete all section on both sides of this form, then tear along the dotted lines.
 - 3. Notify you insurance agent.

Your Information

Name: _____

Date of Birth: _____

Address: _____

State: _____ Zip: _____

Lic. #: _____ 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: _____

Other Driver's Informa-

Name: _____

Date of Birth: _____

Address: _____

State: _____ Zip: _____

Lic. #: _____ 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: _____