



New York State Accident Review Board Vehicle & Equipment Accident Report

Instructions: Submit this completed form and all supporting documentation by email to: AccidentReviewBoard@ogs.ny.gov
When submitting documents, please use the following naming convention in the email subject line for ease of review:
Agency abbreviation, plate number, and date of accident – e.g. Subject: OGS, ABC-123, 5/1/16

GENERAL INFORMATION

Agency		Agency Contact Name		
Agency Contact Phone Number		Agency Contact Email		
Driver's Name		Driver's Title		

VEHICLE INFORMATION

New York State Driver Vehicle Details → Owner Name				
License Plate #	Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Color
Other Vehicle Details (if known) →	Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Color
Other Vehicle Details (if known) →	Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Color

ACCIDENT INFORMATION

Accident Date	Accident Time	Accident Location – Including County
Description of Accident		



ACCIDENT INFORMATION - continued

Description of Damage

Description of Any Injuries Sustained (if known)

Actions Taken By Agency

Submitted for Board Review (please review and check all that apply):

Detailed description of incident

Applicable pictures of the incident scene (skid marks, impact zones, etc.) and vehicle/equipment damage

Department of Motor Vehicles MV-104 form

Documents that may bear on the incident, such as time sheets, daily logs, training records, etc.

Police reports and all internal reports

Any Uniform Traffic Tickets that were issued, if available

The state agency's fleet policy