



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

Which of the following Accident Review Board criteria does this incident meet? (check all that apply)

Incident involving a fatality

Incident resulting in \$5,000 or more in property damages

Incident which has had or will have a significant negative impact on New York State's insurance premiums and/or insurance coverages

Incident resulting in \$10,000 or more in bodily injury damages

Instance in which the New York State operator has accumulated two (2) or more moving accidents (i.e. vehicle in motion) within a 24-month period

Incident raising questions or concerns about fleet policy or procedure from a state risk management perspective

Incident(s) in which a New York State vehicle(s) is deemed to be a "total loss" where frequency and/or cost appear to be factors

Incident that is a legal violation that is reported through the Department of Motor Vehicles License Event Notification Service (LENS) program



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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