



New York City Comptroller  
Brad Lander

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

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

## 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:



**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:

Borough:

\*Location of  
Incident:

**\*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.**



### 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?	<input type="radio"/> Yes <input type="radio"/> 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:	



### 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other

### NYC vehicle information

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

Vehicle Type:	
Plate #:	
Towed Away?	<input type="radio"/> Yes <input type="radio"/> No

### Insurance Information

Do you have collision insurance?	<input type="radio"/> Yes <input type="radio"/> No
Did you report your accident to your insurance company?	<input type="radio"/> Yes <input type="radio"/> No
Were you paid by your insurance company?	<input type="radio"/> Yes <input type="radio"/> No
Is payment pending?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Released <input type="radio"/> Towed <input type="radio"/> 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?	<input type="radio"/> Sheriff <input type="radio"/> Marshall <input type="radio"/> NA	
District Attorney Release Number:		



### Conditions and description of accident/incident location

Choose the actions of the vehicle before the accident:

	Yours	NYC
Going straight ahead	<input type="checkbox"/>	<input type="checkbox"/>
Making a right turn	<input type="checkbox"/>	<input type="checkbox"/>
Making a left turn	<input type="checkbox"/>	<input type="checkbox"/>
Making a U-turn	<input type="checkbox"/>	<input type="checkbox"/>
Starting from a parked position	<input type="checkbox"/>	<input type="checkbox"/>
Starting in traffic	<input type="checkbox"/>	<input type="checkbox"/>
Slowing or stopping	<input type="checkbox"/>	<input type="checkbox"/>
Stopped in traffic	<input type="checkbox"/>	<input type="checkbox"/>
Entered a parked position	<input type="checkbox"/>	<input type="checkbox"/>
Parked	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding object in roadway	<input type="checkbox"/>	<input type="checkbox"/>
Overtaking	<input type="checkbox"/>	<input type="checkbox"/>
Merging	<input type="checkbox"/>	<input type="checkbox"/>
Backing	<input type="checkbox"/>	<input type="checkbox"/>
Changing lanes	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

### Roadway surface conditions - Check all that apply

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Dry                              | <input type="checkbox"/> Snow or ice |
| <input type="checkbox"/> Wet                              | <input type="checkbox"/> Slush       |
| <input type="checkbox"/> Construction (man-made cut)      | <input type="checkbox"/> Muddy       |
| <input type="checkbox"/> Potholes (wear & tear condition) | <input type="checkbox"/> Other       |

### Traffic Control

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> None                     | <input type="checkbox"/> Red - Green |
| <input type="checkbox"/> Red - Green - Yellow     | <input type="checkbox"/> Stop Sign   |
| <input type="checkbox"/> Flashing                 | <input type="checkbox"/> Not Working |
| <input type="checkbox"/> Person directing traffic |                                      |

### Weather Conditions

- |  |                                |   |
|--|--------------------------------|---|
| <input type="checkbox"/> Clear                         | <input type="checkbox"/> Rain  | <input type="checkbox"/> Fog/Smoke/Smog |
| <input type="checkbox"/> Sleet/Hail/Freezing/Rain/Snow | <input type="checkbox"/> Other |   |

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

<b>Left Turn</b>  <input type="radio"/> 1	<b>Rear End</b>  <input type="radio"/> 2	<b>Overtaking</b>  <input type="radio"/> 3
<b>Left Turn</b>  <input type="radio"/> 4	<b>Right Angle</b>  <input type="radio"/> 5	<b>Right Turn</b>  <input type="radio"/> 6
<b>Right Turn</b>  <input type="radio"/> 7	<b>Head On</b>  <input type="radio"/> 8	<b>Sideswipe</b>  <input type="radio"/> 9

☐ None of these diagrams describes the accident.

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).**