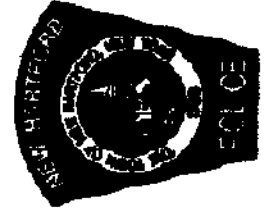


# Involved In a Collision?

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*

## 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: \_\_\_\_\_

## Other Driver's Insur-

Name of Insurance company: \_\_\_\_\_  
Company code: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of insurance agent: \_\_\_\_\_  
Agency address: \_\_\_\_\_

## Police Information

Name of Agency: \_\_\_\_\_  
Officer's name: \_\_\_\_\_  
Badge number: \_\_\_\_\_

### 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: \_\_\_\_\_