

COUNTY OF ONONDAGA



JOANNE M. MAHONEY
County Executive

DEPARTMENT OF LAW
John H. Mulroy Civic Center, 10th Floor
421 Montgomery Street
Syracuse, New York 13202
(315) 435-2170 • Fax (315) 435-5729
www.ongov.net

GORDON J. CUFFY
County Attorney

Re Automobile damage

Dear Claimant:

We have received a report of an automobile accident involving you and our insured. Our insured's policy provides coverage for property damage, including the loss of use of damaged property and other expenses reasonably attributable to this accident. In no event will payment exceed the policy limit. Please be advised that the **REGISTERED** owner of the vehicle must fill out the Notice of Claim.

The comparative negligence statute of New York State provides that the right of a party to recover damages from another party shall be in direct relationship to the percentages each party contributed to the accident. Should our investigation determine that our insured is only partially liable, coverage of the property damage, loss of use and other expenses will only be partially reimbursed in accordance with the percentage that our insured is found to be at fault in the accident.

The General Municipal Law requires that the enclosed form be completed and served upon the County as set forth at the bottom of the form. If you intend to file a claim against the County of Onondaga, you must complete and return the attached Notice of Claim as required by the General Municipal Law per the instructions at the bottom of the form. Also, please complete the enclosed report in as much detail as possible, sign and return it along with a copy of your license, registration, insurance card and two estimates to the address shown above.

Should you seek to recover for loss of use of your vehicle, our procedure for reimbursement of rental charges is as follows:

- 1 Obtaining rental is your responsibility. We do not accept direct billing.
2. Rental reimbursement is based on the number of REPAIR DAYS, which is the total labor hours divided by 7 hours/day. We do not reimburse for gas or mileage charges. We do not pay for parts delay. We advise an appointment be made after parts are received by your selected repair shop.
3. Reasonable rental charges are permitted. A reasonable daily rate is \$21.95 per day, plus tax.

Thank you for your cooperation in this matter. If you have any questions, please contact Denise Karle at 435-2170.

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles, or an insurance company, commits fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed Five Thousand Dollars and the value of the subject motor vehicle or stated claim for each violation.

Onondaga County Department of Law

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PLEASE NOTE:

1. General Municipal Law requires all claims against the County be presented within 90 days of the Date of Loss.
2. This Notice of Claim must be served on the Onondaga County Attorney's Office, 10th Floor Civic Center, 421 Montgomery Street, Syracuse, NY 13202, either by personal service or certified or registered mail within ninety (90) days of the date of the damage or loss.
3. If you have any questions concerning this form, please call 435-2170.
4. Please attach additional pages as necessary.

CLAIMANT:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ DAYTIME/BUSINESS PHONE: _____

LEGAL REPRESENTATIVE (if other than Claimant): _____

ADDRESS: _____

CLAIM/LOSS INFORMATION:

DATE OF LOSS: _____ POLICE AGENCY/OFFICER: _____

POLICE REPORT NO: _____

LOCATION OF LOSS: _____

DESCRIPTION OF THE INCIDENT/ACCIDENT: _____

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BASIS OF VALUE (APPRAISAL, ESTIMATE, RECEIPT, ETC)(ATTACH AS NECESSARY):

(Please note that the County may seek independent verification of loss)

WITNESSES:

1. _____
(Name, Address, Phone)

2. _____
(Name, Address, Phone)

INSURANCE INFORMATION:

CLAIMAINT'S INSURANCE AGENT AND/OR COMPANY (WITH POLICY #):

_____ I WILL REPORT THIS LOSS TO MY INSURANCE COMPANY.

_____ I WILL NOT REPORT THIS LOSS TO MY INSURANCE COMPANY.

I HAVE READ THE FOREGOING CLAIM FOR DAMAGES AND SAID CLAIM AND INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature)

Sworn to before me this _____

day of _____, _____.

NOTARY PUBLIC

WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRADULENT CLAIM, WITH THE INTENT TO COMMIT A FRAUD IS A CRIME PUNISHABLE AS A FELONY UNDER NEW YORK LAW.

CLAIMANT'S REPORT OF AUTO ACCIDENT
COUNTY OF ONONDAGA



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Registered Owner _____ Address _____

Name of Driver _____ Age _____ Address _____

Do you have any collision insurance for damage to your car? Check _____ Yes _____ No

If yes, the name of your Insurance Company _____

Estimated Cost of Repairs to Your Car \$ _____ Car now at _____

PROPERTY DAMAGED OTHER THAN AUTOMOBILE

Describe Property _____

Estimated cost of repairs or replacement _____ Location _____

WAS ANYONE INJURED? _____ Yes _____ No IF SO, ANSWER THE FOLLOWING:

Name _____ Address _____ Phone No. _____

Describe injuries _____

Medical treatment required? _____ Yes _____ No

LIST OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

DESCRIPTION OF OTHER AUTOMOBILE (Show as car No. 1 on chart)

Make of car _____ Year _____ Type _____ License No. _____

Driver _____ Address _____

Were there any occupants other than driver? _____ If so, how many? _____

IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED, IF ANY:

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

STATEMENT OF ACCIDENT
COUNTY OF ONONDAGA



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Did either driver violate any traffic law? _____ Which car _____

Explain _____

Speed of each car as it entered the intersection - your car _____ other car _____

Which car entered the intersection first? _____

Was the view of either driver obstructed? _____ Speed limit at point of accident? _____

Where was the other car when you first saw it? _____

Where was your car at that time? _____

Were lights turned on in your car? _____ Head _____ Tail _____

other car _____ Head _____ Tail _____

Check weather conditions: Wet _____ Dry _____ Rain _____ Snow _____ Fog _____

Length of skid marks left by your car? _____ other car _____

What did you say about the accident? _____

What did other driver say about accident? _____

Was there any indication of intoxication? _____ Which car? _____

Date accident reported to Police Department? _____

Name of officer _____ What station? _____ City or Town _____

Either driver cited or arrested? You? _____ Other driver? _____ Charges? _____

Date of hearing _____ Place _____ Justice/Judge _____



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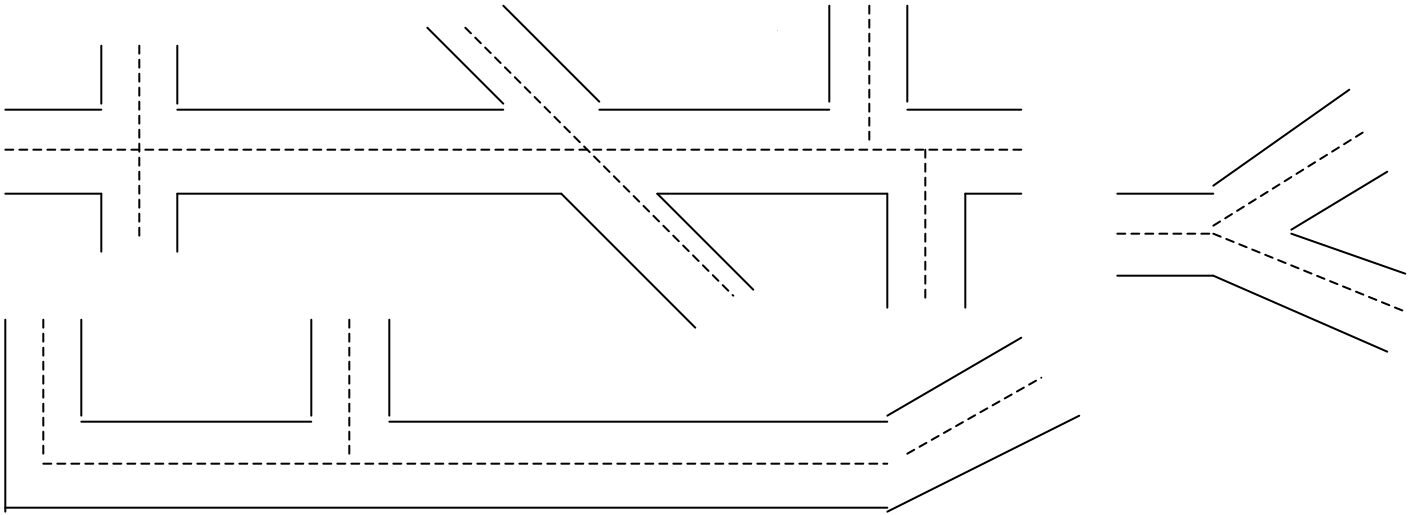


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DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as : other car as  as the collision occurred. Show direction and distance traveled before crash by said line thus: _____ Then at point or crash: third, positions and distance traveled after collision. Show distance and direction traveled after crash by dotted line thus: _____.



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Dated:

SIGNATURE OF OWNER: _____

PLEASE RETURN TO: Onondaga County Department of Law
Attn: John Sharon
421 Montgomery Street, 10th Floor
Syracuse, NY 13202