MOTOR VEHICLE ACCIDENT NOTICE OF CLAIM FORM
TO BE USED ONLY WHERE ACCIDENT OCCURS
INVOLVING A MOTOR VEHICLE OPERATED BY
THE CITY OF NIAGARA FALLS, NEW YORK

NOTE:NO NOTICE OF CLAIM WILL BE ACCEPTED IF FILED LATER
THAN 90 DAYS FROM THE DATE OF THE ACCIDENT. THIS
DOES NOT APPLY TO ANY BENEFITS TO WHICH A CLAIMANT
IS ENTITLED UNDER THE PROVISIONS OF THE NEW YORK
COMPREHENSIVE MOTOR VEHICLE INSURANCE REPARATIONS
ACT (NO FAULT).

1)   Name of Claimant:

2)   Address of Claimant:

3)   Claimant's telephone number:

4)   Claimant was: ____ (a)   Owner of motor vehicle
                       ____ (b)   Operator of motor vehicle
                       ____ (c)   Passenger
                       ____ (d)   Pedestrian
                       ____ (e)   Owner of property other than motor
                       vehicle

      If claimant was owner, operator or passenger in a vehicle:

      (a) Make, Model, Year and License Number of vehicle:

      (b) Name and address of owner and/or operator of vehicle if
           other than Claimant:

           (i) Owner   (ii) Operator

           _____

           _____

           _____

      (c) If claim is for damage to property other than a motor
           vehicle, the location and description of such property:

5)   Date of accident:

6)   Time when accident occurred _____ A.M.____ P.M.

7)   Location of accident

            (City, Town, Village)   (State)

8) Describe how accident occurred: (Draw diagram on back, label all streets and vehicles involved, indicate direction of said vehicles and point of impact, and all traffic control devices. Attach copy of any report made by law enforcement agency, if available).

9) Describe any physical injury to claimant:

10) List all items of property damage ascertained to date (attach two (2) original estimates and/or photos if available):

11) Make, Model, Year and License Number (or Description) of city vehicle involved:

12) Name of operator of city vehicle (if known):

THE UNDERSIGNED DECLARES, UNDER PENALTIES OF PERJURY, THAT HE/SHE IS THE CLAIMANT, THAT HE/SHE HAS READ THE FOREGOING NOTICE OF CLAIM, THAT TO THE BEST OF HIS/HER KNOWLEDGE THE INFORMATION CONTAINED HEREINABOVE IS TRUE AND CORRECT.

___

Signature of Claimant

Sworn to before me this

day of _____, 20

Notary Public/Commissioner of Deeds

Revised 10/01