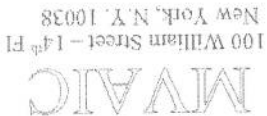


Claim # 486774



Claimant Statement

Please print

Your Full Name _____
Home Address _____
Phone: _____

Date of Accident: _____

about what time? _____

Where did the accident happen? _____

Where were you when the accident happened? How far away were you from the where the accident occurred? _____

What were you doing at the time? Please describe where you were and what direction you were in? _____

Do you need glasses and/or contacts? _____

If yes, were you wearing your glasses and/or contacts at the time? _____

Did you wear a Helmet? Circle Yes or No _____

Did you take pictures of bicycle? Circle Yes or No _____

Where is the bicycle? _____

Have you, prior to the accident, seen or met any of the parties involved in the accident before? Who/which of the parties involved? _____

If yes, what is your relationship to the involved party? _____

Name _____

Date _____

Claim # 486774

MVAIC
100 William Street - 14th Fl
New York, N.Y. 10038

Describe how the accident happened. Please provide details as to the exact location of each vehicle and/or person (if a pedestrian was involved). Please comment about traffic controls, crosswalks, view obstructions, etc if they were applicable to the accident.

Name _____ Date _____
Was anyone injured? Circle one Yes No
Who? What were the injuries?

Did you hear anyone admit fault?

In your opinion, who was to blame? Why?

Did you see each car before and after the accident? Circle one Yes No. If yes, what is your estimate of the speed of each car?
Please describe in detail the car(s) you saw in the accident (e.g. license plate, color, year, make, type of vehicle, lettering/decals on the vehicle, and any other distinguishing details)

What was the point of impact on each car and/or person?

Name _____ Date _____

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What happened after impact occurred?

Please complete the diagram showing the position of the cars or persons, traffic signals, stop signs, crosswalks, sidewalks, lane markings. Also, please use street names.

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

Name _____
Date _____