

PEDICAB ACCIDENT REPORT

If a pedicab accident occurs and someone is killed or is injured and requires medical treatment, the pedicab driver must immediately:

- 1) call 911 to report the accident or report the accident to the police officer on the scene or at the nearest police station AND
- 2) notify the pedicab business owner

Immediately upon notification, the pedicab business owner must:

- 1) confirm with the pedicab driver that the accident has been reported to the police AND
- 2) notify the Department of Consumer Affairs about the time and location of the accident and any death or injuries requiring medical treatment. Call (212) 487-8768 OR fax notification to (718) 935-6516 OR e-mail accidentreports@dca.nyc.gov

The pedicab driver must give his/her name, address, and information about liability insurance coverage to any person sustaining physical injury or property damage in a pedicab accident.

Whether or not an accident involved death or injury, **within 24 hours after the accident, submit this form to the Department of Consumer Affairs** using the fax or e-mail information above. This form must be signed by both the pedicab business owner (or his or her agent) and the pedicab driver involved in the accident.

PEDICAB BUSINESS LICENSEE'S INFORMATION		
Name of Pedicab Business (licensee):		Address:
DCA Pedicab Business License Number:	Owner, Principal, or Officer Name:	Telephone Number:
Pedicab Registration Plate Number:	Pedicab Identification Number (PID):	Manufacturer:

PEDICAB DRIVER LICENSEE'S INFORMATION		
Name of Pedicab Driver (licensee):	DCA Pedicab Driver License Number:	Telephone Number:

ACCIDENT INFORMATION		
Date of Accident:	Approximate Time of Accident:	Place Where Accident Occurred:
<p>1. Was anyone killed in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If Yes, please print the name, telephone number, and address of the person(s) below, if known: 		
<p>2. Did anyone sustain an injury requiring medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If Yes, please print the name, telephone number, and address of the injured person(s) below and describe the nature of the injuries: 		
<p>3. Was any property, including the pedicab, damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If Yes, please print the name of the property owner, telephone number, and address below, with a brief description of the damaged property: 		

ACCIDENT INFORMATION Continued

Briefly describe how the accident occurred:

Describe actions taken after the accident:

WITNESSES

Name of Witness:	Address of Witness:	Telephone Number:
Name of Witness:	Address of Witness:	Telephone Number:

AFFIRMATION – Please read and sign below.
I affirm that I am the owner of the pedicab business or an agent duly authorized by the owner to complete and submit this form. I am responsible for the entries made. I also affirm that I have personally reviewed all of the information entered, and it is true, correct, and complete to the best of my knowledge

Name of Owner or Agent (Print):	Signature:	Date:

AFFIRMATION – Please read and sign below.
I affirm that I am the pedicab driver involved in the accident described in this form. I am responsible for the entries made. I also affirm that I have personally reviewed all of the information entered, and it is true, correct, and complete to the best of my knowledge.

Name of Pedicab Driver (Print):	Signature:	Date:

PENALTY FOR FALSE STATEMENTS: It is against the law to make a statement in this form that you know is false. If you make a statement that you know is false, you may be punished.

- Under Sections 210.45 and 175.30 of the New York Penal Law, you may be:
 - fined up to \$1000 and / or
 - sent to jail for up to one year
- Under Section 175.35 of the New York Penal Law, you may be punished if you:
 - make a statement that you know is false and / or
 - make the statement because you intend to mislead the Department of Consumer Affairs
- Under Section 175.35 of the New York Penal Law, you may be:
 - fined up to \$5000 or
 - fined an amount that is twice the amount of money you received by making the false statement and / or
 - sent to jail for up to 4 years

The Department of Consumer Affairs may also punish you for making a false statement on this form. These punishments may include:

- fines or penalties of up to \$500 for each false statement
- permanent loss (revocation) of your license