

CITY OF FULTON, NY ACCIDENT/PROPERTY DAMAGE REPORT

THIS ACCIDENT/DAMAGE REPORT MUST BE COMPLETED WHENEVER A CLAIM FOR INJURY AND/OR PROPERTY DAMAGE IS FILED AGAINST THE CITY OF FULTON, NY. THIS REPORT MUST BE TURNED INTO THE CITY CLERK'S OFFICE IN THE MUNICIPAL BUILDING LOCATED AT 141 SOUTH FIRST STREET, FULTON, NY 13069.

Claimant's Name: _____ Phone #: _____

Mailing Address: _____

Date & Time of Incident: _____ Date Reported: _____

Location of Incident: _____

Please draw a map of the location of the incident on the backside of this paper.

What injury and/or property damage was sustained? _____

Cause of injury and/or property damage: _____

FOR INJURY:

Where Taken: (circle one) Hospital – Home – Doctor – Other _____

Taken by Whom? _____

If applicable: Name of Doctor and/or Hospital? _____

Treatment Administered? _____

FOR PROPERTY DAMAGE:

Was an estimate of damages obtained? _____ If so, please attach the estimate.

Was a police report filed? _____ If so, the date filed: _____

IF VEHICLE DAMAGE:

Year: _____ Make/Model: _____ Mileage: _____

IF APPLICABLE, LIST WITNESSES:

Name of witness: _____ Address: _____ Phone #: _____

Signature of Claimant: _____

For Office Use Below

Insurance Company, Please Note

Direct all inquiries to: _____

Department Head Phone #

Email scanned documents to both:

OVIA Department Head _____

teastman@getovia.com

Completed By: _____

After fully complete, file in the "In Box" in back office. (Initial & File Stamp)

<p style="text-align: center;">FILED CITY OF FULTON, NY</p> <p>Date: _____</p> <p>Time: _____</p>
