

Sept. 14, 2021

Sent to Ruth Lewis on  
9/15 w/ note asking for response

On April 12, 2021 I paid. Floatsburg  
Autobody (CK. NO. 5046) \$ 3139.98 for damage  
done to my car by a truck of the Tuxedo  
Park Road Dept.

This cost breaks down:

Bill:	3139.98
Ins Paid	2428.96
Because of deductible I paid:	711.02

711.02 was included in CK. NO. 5046

I believe 711.02 is what I should  
be reimbursed for.

Thank you.

Edwin H. Brown  
48 Clubhouse Rd.

mailed  
7/2/21

Use only for accidents that happen in New York State

New York State Department of Motor Vehicles  
REPORT OF MOTOR VEHICLE ACCIDENT  
www.dmv.ny.gov

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DO NOT FORGET ACCIDENT DATE ↓ Page 1 of 1  RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT

Accident Date: Month 3 Day 14 Year 21 Day of Week Friday Time 8:30  AM  PM Number of Vehicles 2 Number Injured 0 Number Killed 0 Did police investigate accident at scene?  Yes  No If "Yes", Name of Police Agency or Precinct & Accident Number

DRIVER OF VEHICLE 1  VEHICLE 2  PEDESTRIAN  BICYCLIST  OTHER PEDESTRIAN

Driver License ID Number 942424648 State of License NY Driver License ID Number \_\_\_\_\_ State of License \_\_\_\_\_

Driver Name—exactly as printed on license (Last, First, M.I.)  
Posta Dominick V Name—exactly as printed on license (Last, First, M.I.) \_\_\_\_\_

Address (Include Number & Street) \_\_\_\_\_ Apt. Number \_\_\_\_\_ Address (Include Number & Street) \_\_\_\_\_ Apt. Number \_\_\_\_\_

City or Town Tuxedo Park State NY Zip Code 10987 City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth Month 10 Day 28 Year 1999 Sex M Number of People in Vehicle 1 Public Property Damaged  Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_ Number of People in Vehicle \_\_\_\_\_ Public Property Damaged

REGISTRANT

Name—exactly as printed on registration Tuxedo Park V Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_ Name—exactly as printed on registration \_\_\_\_\_ Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_

Address (Include Number & Street) \_\_\_\_\_ Apt. Number \_\_\_\_\_ Address (Include Number & Street) \_\_\_\_\_ Apt. Number \_\_\_\_\_

City or Town Tuxedo Park State NY Zip Code 10987 City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Plate Number AR3325 State of Reg. NY Vehicle Year & Make 2015 Ford Vehicle Type Pick Ins. Code 485 Plate Number \_\_\_\_\_ State of Reg. \_\_\_\_\_ Vehicle Year & Make \_\_\_\_\_ Vehicle Type \_\_\_\_\_ Ins. Code \_\_\_\_\_

VEHICLE DAMAGE

Estimated Cost of Property Damage - Vehicle 1  \$1,001-\$1,500  \$1,501-\$2,500  Over \$2,500 Estimated Cost of Property Damage - Vehicle 2  \$1,001-\$1,500  \$1,501-\$2,500  Over \$2,500

Describe damage to vehicle 1: None ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9. Number the vehicles. Your vehicle is # 1

0. Left Turn	1. Rear End	2. Sideswipe (same direction)
3. Left Turn	4. Right Angle	5. Right Turn
6. Right Turn	7. Head On	8. Sideswipe (opposite direction)

Describe damage to vehicle 2: driver door damaged and mirror

ACCIDENT LOCATION

Place Where Accident Occurred in New York State:  
County Orange  City  Village  Town of Tuxedo Park Permanent Landmark \_\_\_\_\_  
Road on which accident occurred Clubhouse RD (Route Number or Street Name)  
at  1) intersecting street \_\_\_\_\_ (Route Number or Street Name)  
or 2) 20  N  S  E  W of Ledge RD (Milepost, Nearest Intersecting Route Number or Street Name)  
How did the accident happen? I Backed into the car and scraped the driver side door and mirror

ALL INVOLVED

Names of All Persons Involved	8. Which Veh. Occupied	9. Position in/on Vehicle	10. Safety Equip. Used	12. Age	13. Sex	16. Injury	Describe Injuries		If Deceased, Enter Date of Death
<u>Dominick Posta</u>									

INSURANCE

Identify Damaged Property Other Than Vehicle(s) \_\_\_\_\_ VIN \_\_\_\_\_

Name of Insurance Company That Issued Policy For Vehicle 1 \_\_\_\_\_ Policy Number \_\_\_\_\_

Name and Address of Policy Holder \_\_\_\_\_ Policy Period From \_\_\_\_\_ To \_\_\_\_\_

If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No. \_\_\_\_\_ Name and Address of Permit Holder \_\_\_\_\_

If Self-Insured, give Certificate No. \_\_\_\_\_ and State \_\_\_\_\_

Date \_\_\_\_\_ Print Name of Driver (or Representative\*) of Vehicle 1 Dominick Posta Signature of Driver (or Representative\*) of Vehicle 1

\* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.  Injury  Death

An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.

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