

PEDICAB ACCIDENT REPORT

PEDICAB DRIVER:

If you are involved in an accident during which someone is killed or is injured and requires medical treatment, you must immediately:

- 1) Call 911 to report the accident. AND
- 2) Notify the pedicab business owner. AND
- 3) Provide your name, address, and information about liability insurance coverage to any person sustaining physical injury or property damage in the accident.

PEDICAB BUSINESS OWNER:

As soon as you are notified that one of your pedicab drivers has been involved in an accident during which someone was killed or was injured and requires medical treatment, you must immediately:

1) Call the Pedicab Emergency Hotline at (212) 487-8768 to notify the Department of Consumer Affairs (DCA) about the time and location of the accident and any deaths or injuries requiring medical treatment.

<u>IMPORTANT</u>: Within 24 hours of any accident, BOTH THE PEDICAB DRIVER AND PEDICAB BUSINESS OWNER must jointly sign and submit this form to DCA by e-mail to <u>accidentreports@dca.nyc.gov</u> or by fax to (718) 935-6516. Failure to do so may result in fines and/or license suspension or revocation.

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PEDICAB BUSINESS LICENSEE INFORMATION							
Name of Pedicab Business (Licensee):		Address:					
DCA Pedicab Business License Number: Owner, Principal, or Office		er Name:		Telephone Number:			
b Registration Plate Number: Pedicab Identifying Numbe		er (PID):		Manufacturer:			
PEDICAB DRIVER LICENSEE INFORMATION							
	DCA Pedicab Driver Licens	A Pedicab Driver License Number:		Telephone Number:			
ACCIDENT INFORMATION							
Approximate	e Time of Accident:	Place Where Accident Occurred:					
Was anyone killed in the accident? □ Yes □ No If Yes, print the name, telephone number, and address of the person(s) below, if known:							
 2. Did anyone sustain an injury requiring medical attention? □ Yes □ No If Yes, print the name, telephone number, and address of the injured person(s) below and describe the nature of the injuries: 							
		address below, with	a brief des	scription of the damaged property:			
	FORMATIO Approximate Approximate Yes	Pedicab Identifying Numb Por Mation DCA Pedicab Driver Licens Approximate Time of Accident: Yes No none number, and address of the person(state) and address of the injured part of the pedicab? Yes No none number, and address of the injured part of the pedicab? Yes No none number, and address of the injured part of the pedicab? Yes No none number, and address of the injured part of the pedicab?	INFORMATION Address: er: Owner, Principal, or Officer Name: Pedicab Identifying Number (PID): FORMATION DCA Pedicab Driver License Number: Approximate Time of Accident: Place Where Accidented the person of the person of the person of the injured person of the injured person of the injured person of the pedicab? Person of the pedicab? Person of the injured person of	Address: Pedicab Identifying Number (PID): PORMATION DCA Pedicab Driver License Number: Telepho Approximate Time of Accident: Place Where Accident Occur Place Wher			

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:
PEDICAB OWNER AFFIRMATION – Please read a laffirm that I am the owner of the pedicab business made. I also affirm that I have personally reviewed a	or an agent duly authorized by the owner to	complete and submit this form. I am responsible for the entries orrect, and complete to the best of my knowledge
Name of Pedicab Owner or Agent (Print):	Signature:	Date:
PEDICAB DRIVER AFFIRMATION – Please read a l affirm that I am the pedicab driver involved in the a reviewed all of the information entered, and it is true	ccident described in this form. I am responsi	ble for the entries made. I also affirm that I have personally wledge.

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