



DEPARTMENT OF CONSUMER
AFFAIRS (DCA) LICENSING CENTER
42 Broadway, Lobby
New York, NY 10004
Monday-Friday: 9:00 a.m.-5:00 p.m.
Wednesday: 8:30 a.m.-5:00 p.m.

311 (212-NEW-YORK outside of NYC)
nyc.gov/dca | @NYCDCA

NYC SMALL BUSINESS
SUPPORT CENTER
90-27 Sutphin Blvd, 4th Floor
Jamaica, NY 11435
Monday-Friday: 9:00 a.m.-5:00 p.m.

SIGHTSEEING BUS ACCIDENT AND/OR DRIVER OFFENSE REPORT

To be completed by Owner* of Sightseeing Bus Company

**Owner includes sole proprietor, general partner, director, corporate officer, member, or shareholder owning 10% or more of company stock.*

Instruction for Accidents	Instruction for Traffic Violations	Instruction for Driver Offenses
For accidents during which someone is killed or injured or there is property damage exceeding \$1,000, within three (3) business days of the accident, you must: - Call the Sightseeing Bus Emergency Hotline at (212) 487-2353. AND - Email this completed report to accidentreports@dca.nyc.gov or by fax to (646) 500-5942.	For any accident that must be reported to the New York Department of Motor Vehicles (DMV) or any traffic violation that could be the basis of an assignment of points, within three (3) business days of the violation, you must: Email this completed report to accidentreports@dca.nyc.gov or by fax to (646) 500-5942.	If any driver employed by you is charged with any alcohol, drug, or other operation of a motor vehicle-related offense or any criminal offense involving the operation of a motor vehicle, as soon as practicable, you must: Email this completed report to accidentreports@dca.nyc.gov or by fax to (646) 500-5942. You must also provide a police report and any summonses associated with the accident, if available.
Failure to submit this report may result in fines and/or license suspension or revocation.		

SIGHTSEEING BUS COMPANY INFORMATION		
Sightseeing Bus Company Name (Licensee):		Address:
Sightseeing Bus DCA License Number:	Owner Name:	Phone Number:
Sightseeing Bus DCA Plate Number:	Sightseeing Bus DCA Decal (Sticker) Number:	DMV Plate Number:

SIGHTSEEING BUS DRIVER INFORMATION	
Sightseeing Bus Driver Name:	Driver Address:
DMV CDL Driver License Number:	Driver Phone Number:

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ACCIDENT REPORT *(if applicable)*

ACCIDENT INFORMATION		
Date of Accident:	Approximate Time of Accident:	Place Where Accident Occurred:
1. Was anyone killed in the accident?		☐ Yes ☐ No
If Yes, print the following information about the person(s) below, if known. Attach additional sheets if needed.		
Name(s):		
Phone number(s):		
Address(es):		
2. Was anyone injured in the accident?		☐ Yes ☐ No
If Yes, print the following information about the injured person(s) below. Attach additional sheets if needed.		
Name(s):		
Phone number(s):		
Address(es):		
Describe the nature of the injuries:		
3. Was any property damaged, including the sightseeing bus?		☐ Yes ☐ No
If Yes, print the following information about the property owner(s) below. Attach additional sheets if needed.		
Name(s):		
Phone number(s):		
Address(es):		
Describe 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:	Phone Number:
Name of Witness:	Address of Witness:	Phone Number:

**REPORT OF DRIVER CHARGED WITH ALCOHOL, DRUG, OR OTHER
OPERATION OF A MOTOR VEHICLE-RELATED OFFENSE *(if applicable)***

INCIDENT INFORMATION
Briefly describe the incident and list the relevant charge(s):

Continued >

SIGHTSEEING BUS COMPANY OWNER AFFIRMATION

Please read and sign below.

I affirm that:

- I am the owner (e.g., sole proprietor, general partner, director, corporate officer, member, or shareholder owning 10% or more of company stock), and I am authorized to complete and submit this affirmation on behalf of the sightseeing bus company.
- I am responsible for the entries made.
- To the best of my knowledge, the information entered is true, correct, and complete.

Sightseeing Bus Company Owner Name (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