



**Thruway Authority**

Legal Department  
 P.O. Box 189  
 Albany, NY 12201-0189  
 Fax No. (518) 471-4340  
 Claimsunit@thruway.ny.gov

**VEHICLE DAMAGE CLAIM FORM**

**Purpose:** This form is used by patrons to file a claim for property damage incurred while traveling on the Thruway System.

**CLAIMANT INSTRUCTIONS:**

Complete all applicable Sections. Within 90 days of the incident, submit the completed form via mail, email or fax to the address/fax number above. The Legal Department will review your claim and respond in writing within approximately 8-10 weeks after the completed form is received. **Submitting this claim form does not guarantee payment or reimbursement.**

**NOTE:** This form is not a Notice of Intention to make a claim in the Court of Claims. You must pursue the remedies available under the Court of Claims Act. Under this Act there is a 90-day notice requirement, and the Thruway Authority (Authority) advises you to seek the assistance of an attorney for further information.

**Section I Claimant Information**

Vehicle Owner Name		Home Phone No. ( ) -		Work Phone No. ( ) -	
Address			City	State	Zip Code -

**Section II Vehicle Information**

License Plate No.		State of Registration	Make	Model
Year	Odometer/Hours	Insurance Carrier		Policy No.

Have you filed a claim with your insurance carrier or received or expect to receive any payment from your insurance carrier for this claim?  
 Yes. If Yes, your claim must be submitted by the insurance company in accordance with its "Right of Subrogation."  
 No

**Section III Incident Information**

Vehicle Operator Information (if other than owner)					
Operator Name		Operator Address		Operator Phone No. ( ) -	
Incident Date	Incident Time	Town, City or Village	Direction of Travel	Lane of Travel	Nearest Exit
Roadway Incident Occurred On (i.e., number and/or name)					Thruway Milepost (if applicable)
Was an Authority vehicle involved? <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, provide the following: Authority vehicle operator name: _____ License plate or equipment no.: _____					Did the incident occur in a construction zone? <input type="checkbox"/> Yes <input type="checkbox"/> No  Total Cost of Repairs*

Witness Name	Witness Address	Witness Phone No. ( ) -
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Enter any police agencies notified of this incident

Description of Incident

Comments or any special circumstances you want to bring to our attention

**Section IV Signature**

_____	_____
Claimant Signature	Date

**\* Attach paid bill or estimate(s) from an established business. If the claim is for replacement of a tire, the estimate(s) must contain a statement indicating the damaged tire could not be repaired and must reflect a deduction for depreciation.**