

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 Sulphin 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 (DMW) 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 COMPAN	Y INFORMATIO	N	
Sightseeing Bus Company Name (License Gray Line New York	e): Tows, Inc	1430 Broadway	E1 , NY NY
Sightseeing Bus DCA License Number:	Owner Name:		Phone Number:
Sightseeing Bus DCA Plate Number:	Sightseeing Bus DC	A Decal (Sticker) Number:	DMV Plate Number: 44280 BA

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

ACCIDENT REPORT (if applicable)

ACCIDENT INFORMATION				60% (60%)	
Date of Accident:	Approximate Time o	f Accident:	Pla	ace Where Accident	Occurred: H
8-22-19	90	00 p	$N \subseteq N$	24.4 The	79 Ave
1. Was anyone killed in the acc	ident?	∐ Yes	M		
f Yes, print the following information	about the person(s)	below, if kn	own. Attach	additional sheets if	needed.
Name(s):					
Phone number(s):					
Address(es):				•	
2. Was anyone injured in the a	ccident?	Yes	1 No		
f Yes, print the following information	about the injured per	rson(s) belo	w. Attach ad	Iditional sheets if n	eeded.
Name(s):					
Phone number(s);					
Address(es):					
nddiess(co).					
Describe the nature of the injuries:					
2 146		I Tiblian	<u> </u>		
Was any property damaged, ncluding the sightseeing bus?	•	⊉ Yes	☐ No		
Yes, print the following information		wner(s) belo	ow. Attach a	dditional sheets if r	needed.
Name(s):	······································				
Phone number(s):					
Address(es):					
Describe the damaged property:					
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sight Seema	bus Se	otor	hee &	ret/ed	res on
				_	1P-Pot CI

ACCIDENT INFORMATION (antinued)	A THE	
Briefly describe how the accide	ent occurred:		
Ow driver	was going	Sort	h an 344
street, a.	traffic of	ficer	instruted
him to go	left due	to hea	IVY
traffic, h	e proceeded	to tu	n left
the light	left due - e proceeded turned rea	1 md	a taxi
ran the	light & st	nck +	ie bug
on the Fa	it lett Sic	le	
Describe actions taken after th	e accident:		
	Police do	rlled	
·			
WITNESSES			
Name of Witness:	Address of Witness:	Pho	ne Number:
Name of Witness:	Address of Witness:	Pho	ne 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 cha	arge(s):
· .	
NO	Marges
•	
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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 Signa (Print): MARK MARMURSTEIN	Date: 9-3-2019
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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