TA-W1552-9 (02/2011)

New York State Thruway Authority • New York State Canal Corporation

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

PATRON CLAIM FORM

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

INSTRUCTIONS:
Claimant: Complete all applicable Sections. Mail or fax completed form within 10 days of the incident to the address/fax number above. The Legal Department will investigate your claim and respond in writing within approximately 8-10 weeks after completed form is received.

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/Canal Corporation advises you to seek the assistance of an attorney for further information.

Section I Claimant Information

Vehicle/Vessel Owner Name	Home Phone No. ( ) -	Work Phone No. ( ) -

Address	City	State	Zip Code -

Section II Vehicle/Vessel Information

License Plate/Vessel Registration 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 their "Right of Subrogation."

☐ No

Section III Incident Information

Vehicle/Vessel 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 or Lock No.	Thruway Milepost (if applicable)

Was a Thruway Authority (Authority) vehicle involved?

☐ Yes, provide the following: ☐ No

Authority vehicle operator name: _____

License plate or equipment no.: _____

Did the incident occur in a construction zone? ☐ Yes ☐ No

Total Cost of Repairs*

Witness Name	Witness Address	Witness Phone No. ( ) -

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.**