TA-W6839 (06/2020)

NEW YORK STATE OF OPPORTUNITY. Thruway Authority

Office of Traffic Management
P.O. Box 189
Albany, NY 12201-0189
(518) 436-3079

Clear Form

REPORT OF ASSISTANCE BY FIRE DEPARTMENT

Purpose: This form is completed by the attending Fire Department within 90 days from the date of service only if expenses for this call have not been submitted to and/or paid by other means, including an insurance claim. Resulting donations intend to defray, but not necessarily fully reimburse, applicant expenses.

INSTRUCTIONS:

- Complete Sections I through II. Fire Chief authorization is required in Section III.
- Submit completed form within 90 days from the date of service to the above address.

NOTE: The NYS Thruway Authority (Authority) reserves the right to deny requests made more than 90 days after the date of service.

Section I Fire Department Information

Fire Department Name	Federal ID No.

Address (Street, City, State, Zip Code)	County

Section II Call Information

Person or Agency Name Requesting Response	Date of Call	Time of Call

Reason for Call

☐ Fire ☐ Accident ☐ Illness ☐ Other _____

Thruway Location (Check one and complete)

☐ Main Line or Section of Thruway:
Milepost _____ Direction _____

☐ Parking/Rest Area:
Milepost _____ Direction _____

☐ Service Area:
Name _____

☐ Interchange:
Name _____

INVOLVED VEHICLE OR OBJECT	Registration No. (if applicable)	Owner Name and Address
	Operator Name and Address	
	Vehicle or Object Description	

Describe the fire, accident or incident, including the apparent cause, and assistance given by your Department.

Section III Authorization

Signature below certifies that the applicant has exhausted all other means of defraying expenses via insurance claims or any other means and, if so, will not be receiving additional payments for this request. The Authority reserves the right to deny current and future donations to any Department found to be requesting donations for expenses that either could have been or have been defrayed otherwise.

Fire Chief Name	Fire Chief Signature	Date

Section IV Bureau of Traffic Management Use Only

Service Verification Source(s)		Approved By: _____ Date: _____
Reviewer's Initials	Donation Amount $	Account Coding: 079200 0728SV 1001.00681.50