TA-W6839 (1/2006)

New York State Thruway Authority

Clear Form

REPORT OF ASSISTANCE BY FIRE DEPARTMENT

Instructions: 1. All questions must be answered completely.

2. Please submit within 90 days from the date of service to:

Director of Traffic Management
New York State Thruway Authority
P.O. Box 189
Albany, NY 12201-0189

Name of Fire Department	Federal ID Number	Fire Chief's Name

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

Called by (Toll Collector's Name & Station Number)	Called Received By (Name & Title)

Date of Call	Time of Call	Reason Called: ☐ Fire ☐ Accident ☐ Illness

THRUWAY LOCATION (Check One and Complete)

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

☐ Service Area:
Name _____

☐ Parking/Rest Area:
Milepost _____ Direction _____

☐ Interchange:
Name _____ Number _____

DATA ON INVOLVED VEHICLE OR OBJECT	Registration Number	Owner's Name and Address
	Operator's Name and Address	
	Other (Describe)	

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

Fire Chief's Signature	Date

FOR AUTHORITY USE ONLY

Service Verification Source(s):	Reviewer's Initials	Donation Amount	☐ Approved ☐ Disapproved
		$	_____ Senior Traffic Supervisor _____ Date