SURCHARGE APPEAL FORM

The OPERATOR should provide as much of the following accident information as possible: PLEASE PRINT

ACCIDENT INFORMATION Time _____ ☐ AM ☐ PM Number of vehicles involved _____

Location _____ (CITY/TOWN) _____ (STATE) _____ (STREET) No. of lanes in each direction _____

If intersection, intersecting street _____ Number of lanes in each direction _____

Your speed prior to the accident _____ mph Posted speed _____ mph

SIGHT LINES/DISTANCE When you first saw the other vehicle, how far were you from it _____

If a rear end collision, give distance between you and the vehicle you were following prior to the accident. _____

If an intersection collision, give your view in distance to right _____ to left _____ before entering intersection.

POLICE at accident scene ☐ No ☐ Yes Were you issued a citation ("ticket") ☐ No ☐ Yes

DAMAGE (example - passenger side rear door)

To the vehicle you were driving _____

To other vehicle _____

Identify damaged property other than vehicles _____

BEFORE THE ACCIDENT YOUR CAR WAS X

- ☐ Going straight ahead
- ☐ Starting from parked position
- ☐ Avoiding object in road
- ☐ Starting from stop sign
- ☐ Starting from traffic control
- ☐ Making a left turn
- ☐ Making a right turn
- ☐ Turning right on red
- ☐ Making a U-turn
- ☐ Stopped in traffic
- ☐ Slowing or Stopping
- ☐ Parked
- ☐ Merging
- ☐ Changing lanes
- ☐ Overtaking another vehicle
- ☐ Backing
- ☐ Other _____

LIGHT CONDITIONS X

- ☐ Daylight
- ☐ Dusk
- ☐ Dark-Unlighted area
- ☐ Dark-Lighted area
- ☐ Other _____

TRAFFIC CONTROL X

- ☐ Traffic Light
- ☐ Stop Sign
- ☐ Yield Sign
- ☐ Flashing Light
- ☐ None
- ☐ Construction area
- ☐ Officer/Guard
- ☐ Other _____

ROADWAY SURFACE X

- ☐ Dry
- ☐ Slush
- ☐ Snow/Ice
- ☐ Other _____
- ☐ Sand
- ☐ Mud
- ☐ Wet

WEATHER X

- ☐ Clear
- ☐ Cloudy
- ☐ Fog
- ☐ Mist
- ☐ Rain
- ☐ Sleet/Hail
- ☐ Snow
- ☐ Other _____

PROVIDE DETAILS OF HOW THE ACCIDENT HAPPENED

_____

ACCIDENT DIAGRAM

STATE REASON(S) WHY YOU BELIEVE YOU ARE NOT MORE THAN 50% AT FAULT FOR THE ACCIDENT

_____

An appeal must be submitted and received within 30 days of the Surcharge Notice Date.

I the Operator named herein, being aggrieved by the determination of the issuing insurance company that I have been found to be more than 50% at fault for the accident identified in this surcharge notice, do hereby appeal the insurance company's determination of fault in excess of 50%, pursuant to Chapter 175, section 113B of the Massachusetts General Laws. I hereby declare the foregoing information and statements are made under the pains and penalties of perjury.

X _____ OPERATOR'S SIGNATURE _____ DATE

Home telephone No.( ) _____ - _____ Work telephone No.( ) _____ - _____ Ext. _____