



# *Motorcycle Accident Victims*

*P. O. Box 10623*

*Wilmington, DE 19850*

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Dear Accident Victim:

**Motorcycle Accident Victims Organization** has become aware of your recent motorcycle accident and we are wishing you a quick recovery.

The Organization was established to provide assistance to motorcyclists injured in accidents through no fault of their own. We have been able to provide assistance and support to the injured Rider, as well as to their family. Knowing how difficult the recovery process can be, the Organization is available and can assist with food, clothing and economic losses.

Since the Organization was established to help the accident victim, we do have to ensure the following:

- The rider was not liable
- No drug or alcohol involvement
- No Citations were issued to the Driver

With this in mind, we have enclosed an Application for Benefits and encourage you to complete the application and submit your claim for review. The Board of Directors reviews each application for acceptance, on a case-by-case basis. You will be notified of the Board's decision once we have had the opportunity to review your case. Please know, you may also be asked to provide additional information, if needed, to process your claim.

The Organization will do what we can to assist you once your claim is accepted. We are, at the same time, hopeful that you will reimburse the Organization for your assistance if you are able to reach a settlement with the at-fault driver. This will certainly enable us to continue to assist other accident victims.

The mailing address to send your application is:  
Motorcycle Accident Victims Organization, PO Box  
10623, Wilmington, DE. 19850.

Should you have any questions, please feel free to contact me at Phone number shown below.

Yours, for the safety of all Motorcyclists

Carroll "Spunk" Amoroso,  
Claims Officer  
Motorcycle Accident Victims (MAV)  
[www.motorcycleaccidentvictims.org](http://www.motorcycleaccidentvictims.org)

*Contact #: 1-800-MAV-3070*



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## APPLICATION FOR BENEFITS

**NOTICE TO ALL APPLICANTS:** Federal and State Law requires that the applicants be considered without regard to race, religion, sex or age. We believe in, and fully support equal opportunity for all and will fulfill our obligation to the fullest.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_ # of Children \_\_\_\_\_

Club Affiliation (optional) \_\_\_\_\_

How did you hear of MAV? \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Accident Date \_\_\_\_\_ Location \_\_\_\_\_

Accident Description (attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Agency \_\_\_\_\_ Report # \_\_\_\_\_

Citations \_\_\_\_\_

Were you the Driver ( ) Passenger ( )

Injuries \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently out of work/off work due to your accident? Yes ( ) No ( )

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The following will be needed. Without proper documentation, the claim may result in non-acceptance. Please submit this application with:

- Accident/Police Report
- Medical/Death Report
- Disability Report
- Late Notice of Bills
- Pictures (if taken)

**Please Read and Sign:** The information provided above is true and complete, to the best of my knowledge. I understand that any false statements will be considered cause for denial of relief funds. I further understand my claim cannot be accepted if I am confirmed to be at fault, or cited for violations, including any alcohol or drug use. And finally, I agree to reimburse the Organization for any assistance, if I am able to collect from the at-fault party

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_