Statewide Plan of Operation

Detection, Prevention, Deterrence & Reduction of Motor Vehicle Insurance Fraud & Related Crimes

STATE OF NEW YORK
Division of Criminal Justice Services
Office of Program Development and Funding
on behalf of the
Motor Vehicle Theft and Insurance Fraud Prevention Board

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Introduction

In accordance with Article 36-A of the Executive Law, the New York State Motor Vehicle Theft and Insurance Fraud (MVT&IF) Prevention Board "shall develop and recommend to the Commissioner a **Plan of Operation** which shall provide for a coordinated approach to curtailing motor vehicle theft and motor vehicle insurance fraud throughout the state. The plan shall provide an integrated means to detect, prevent, deter and reduce motor vehicle theft and motor vehicle insurance fraud by providing funds, upon the recommendation of the Board and approved by the Commissioner, to meet these objectives."

The Board is committed to ensuring that the Plan of Operation reflects not only the interests and concerns of those state and local officials whose duty it is to enforce the criminal laws and to direct the administration of justice in New York State, but also the views of the insurance industry, professional organizations and citizens as well. In developing the plan, the Board has embraced a programmatic approach based upon input from the New York State Statewide MVT&IF Advisory Group, as well as proven effective methods of various Auto Theft Prevention Authorities (ATPAs) throughout the nation.

Due to the divergent nature of the problems of motor vehicle theft and insurance fraud, the Board agreed to address Motor Vehicle Theft and Motor Vehicle Insurance Fraud as separate and individual plans. This document represents the Plan of Operation for Motor Vehicle Insurance Fraud.

Eligible Programs

In accordance with Article 36-A of the Executive Law, §846-m, activities eligible for funding include, but are not limited to, the following:

- Prosecution and adjudication services (county and municipal agencies, only).
- Law enforcement services (county and municipal agencies, only).
- Neighborhood or community based programs designed to reduce the incidence of motor vehicle theft and motor vehicle insurance fraud.
- Educational programs designed to prevent the incidence of theft of motor vehicles and fraudulent claims practices.

  Funds provided under this program shall be used to augment, and not to supplant, the provider agency's current funding, if any, for motor vehicle insurance fraud detection, prevention, or reduction activities.

Outline of Statewide Plan of Operation

The Plan is representative of an effective strategy that can easily be adapted by local, county and state agencies to decrease the incidence of motor vehicle insurance fraud through integrated means that detect, prevent and deter motor vehicle insurance fraud. The Plan is presented in the following format:

Part I: Problem Identification of Motor Vehicle Insurance Fraud

The collection of accurate and timely crime data is essential in the identification of a motor vehicle insurance fraud problem, whether it is derived from required insurer reporting to the Department of Financial Services (pursuant to NY Insurance Law § 409) or data that an agency otherwise gathers to answer the “who”, “what”, “where” and “when” of motor vehicle insurance fraud and related crimes. As the New York State Penal Law does not distinguish between vehicle-related insurance fraud charges and all other insurance fraud, the most accurate measure of the crime of vehicle-related insurance fraud is currently the countywide data provided by the New York State Department of Financial Services (DFS) Insurance Frauds Bureau.

Part II: Analysis of the Motor Vehicle Insurance Fraud in New York State

Through the analysis of timely and accurate data, an agency is provided the means to determine the “why” with regards to the occurrence of motor vehicle insurance fraud and related crimes. Determining causes and trends is essential in the development of an effective crime reduction strategy that targets the problem identified. The Plan analyzes motor vehicle insurance fraud and related crimes on both a statewide and regional level.

Part III: Areas of Concentration in the Statewide Plan of Operation

The Plan shall provide an integrated means to detect, prevent, deter and reduce motor vehicle insurance fraud and related crimes. The areas of concentration for the plan are as follows:

- **Law Enforcement / Detection / Apprehension**
- **Prosecution / Adjudication / Conviction**
- **Public Awareness / Prevention / Education**

Part IV: Evaluation

The Plan presents standardized performance measures that are recommended for inclusion by law enforcement and prosecution agencies in the evaluation of their strategy to decrease motor vehicle insurance fraud and related crimes.

Part I: Problem Identification of Motor Vehicle Insurance Fraud

National Overview

During the 1960s, traditional motor vehicle liability insurance became the target of public criticism due to the expensive and time-consuming process of determining who was at fault and, therefore, legally liable when an accident occurred. In response to this consumer dissatisfaction with the insurance industry, some states enacted no-fault legislation, allowing accident victims to recover financial losses (i.e. medical costs and lost wages) from their own insurance companies regardless of who was at fault. In 1974, New York became one of 12 states that initiated genuine no-fault motor vehicle insurance. According to the Insurance Information Institute, only 12 states and Puerto Rico have no-fault laws to date.

No-fault laws are intended to lower the cost of auto insurance by keeping claims out of the courts. In most states, no-fault laws require insurers to cover the injury costs of their own policyholders (first-party coverage) regardless of who is at fault.

With an increase of motor vehicle insurance claims comes an increase of motor vehicle insurance fraud and related crimes. These crimes add an estimated 10 percent to the cost of insurance premiums paid by policyholders in New York State. In many states, the financial benefits of having no-fault insurance are being eliminated due to the higher premiums now paid for coverage.

On a national level, identifying the crime of motor vehicle insurance fraud in order to develop trends that allow law enforcement to target the problem is difficult. Unlike motor vehicle theft, theft from a motor vehicle and theft of motor vehicle parts and accessories, statistics on motor vehicle insurance fraud crimes are not part of the Uniform Crime Report maintained by the Federal Bureau of Investigation. There are no uniform definitions of insurance fraud among the states and, while insurance fraud is illegal in all states, the level of seriousness attached to the crime also varies by state. Some states classify insurance fraud or certain types of fraud as a felony, others as a misdemeanor. In addition, the dollar amount involved can determine whether the crime is considered a felony.

According to the Insurance Information Institute, not all states require special investigation units of insurance companies to forward every suspicious claim to their state's fraud bureau. These reports of "suspected incidents" of insurance fraud are handled in-house by insurance carriers or by civil actions instead of being prosecuted criminally.

Statewide Overview

According to the New York State Department of Financial Service's (DFS) *Automobile Owners Resource Center* (http://www.dfs.ny.gov/insurance/cauto.htm), New York State drivers are required to secure auto insurance that includes:

- **No-Fault Personal Injury Protection (PIP):** To pay medical expenses, lost earnings, and other reasonable and necessary expenses for a driver or passenger injured in, or a pedestrian injured by, their vehicle;

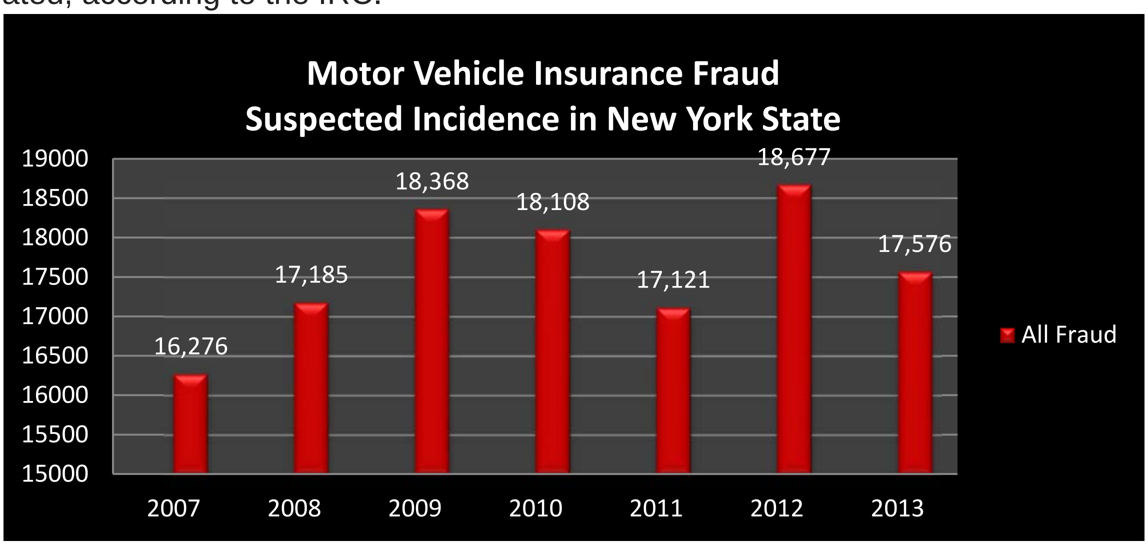
- **Liability:** To protect against the harm their vehicle, or any vehicle they drive with the owner's permission, might do to other people and their property; and,

- **Uninsured Motorists:** To protect against the injuries they, their family or their passengers might suffer in a hit-and-run accident or in an accident with an insured vehicle.

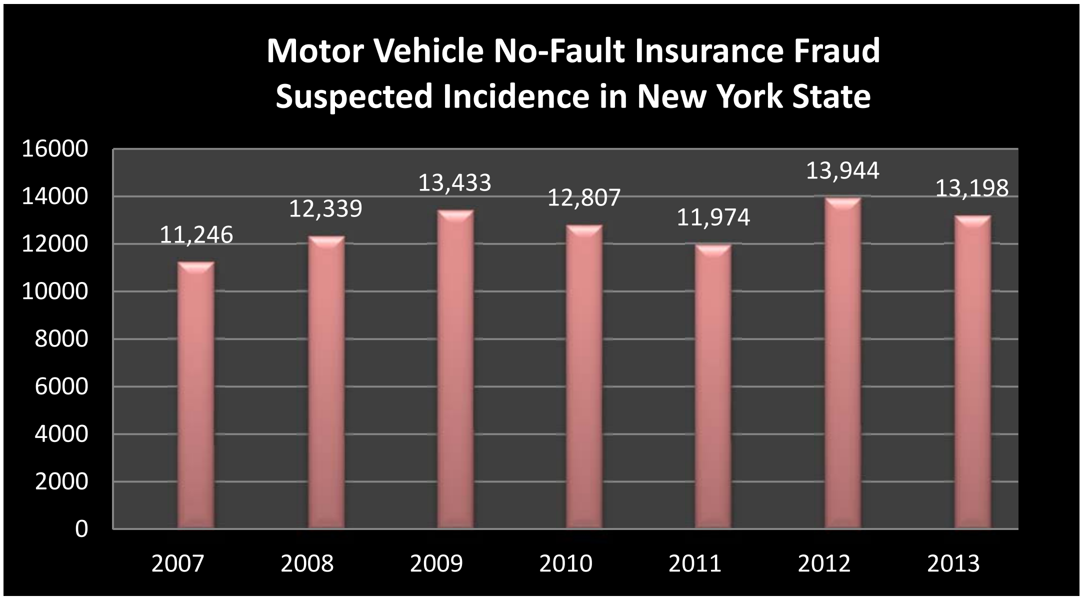
Legislative findings associated with the creation of the Motor Vehicle Theft and Insurance Fraud Demonstration Program (New York Executive Law §846-J) point out: "Motor vehicle theft and motor vehicle insurance fraud are a major problem in New York and costs honest motor vehicle policyholders billions of dollars annually. As the cost of motor vehicle insurance continues to rise, this essential coverage has become less affordable and more out of reach for many New Yorkers."

According to InsuranceQuotesUSA.com, auto insurance in New York costs an average of $1,122 annually, making it the third most expensive insurance jurisdiction in the nation, surpassed only by New Jersey and Washington, D.C. The Coalition Against Insurance Fraud estimates that insurance fraud in all its forms costs every family in the United States about $950 a year in the form of higher insurance premiums. According to estimates by the Insurance Information Institute, insurance fraud accounts for about 10 percent of the property/casualty insurance industry's incurred losses and loss adjustment expenses. In addition, auto insurers in New York pay almost twice as much in no-fault claims as they collect in no-fault premiums.

A study of New York's no-fault system by the Insurance Research Council (IRC) shows how prevalent fraud is in the New York City area. About one in every five claims settled appears to have some element of fraud, and as many as one in three appears to be inflated, according to the IRC.



In 2013, there were 17,576 incidents of suspected motor vehicle insurance fraud reported to the Insurance Frauds Bureau of the Department of Financial Services (DFS), including motor vehicle theft, motor vehicle fire, larceny from a motor vehicle, motor vehicle vandalism, motor vehicle collision damage, motor vehicle fraud bills, motor vehicle insurance cards and motor vehicle miscellaneous and No-Fault.



Of the 17,576 incidents of suspected motor vehicle insurance fraud reported statewide, 13,198 pertained to no-fault insurance fraud. Based on this data, no-fault insurance fraud accounts for approximately 75 percent of all reported suspected incidents of motor vehicle insurance fraud.

Part II: Analysis of Motor Vehicle Insurance Fraud in New York State

Statewide Analysis

Motor vehicle insurance fraud, in general, is any intentional deceptive conduct relating to one's contact with, use, registration or ownership of a motor vehicle or treatment of its occupants in the context of insurance claims involving theft, property damage, accidents, bodily injury or medical care. It may occur during the process of selling, buying, underwriting or using insurance, is almost always committed for the purpose of financial gain and frequently involves the commission of other crimes.

Insurance fraud diverts vital resources away from businesses, law enforcement, the civil justice system, regulatory agencies and local emergency services. Motor vehicle insurance frauds range from simple acts to elaborate schemes, are highly profitable and have a relatively low risk of apprehension, prosecution and imprisonment.

Motor vehicle insurance fraud is the act of deceiving an insurance company for profit – a deliberate attempt to stage, invent or exploit an accident, injury, theft, arson or other type of loss that would be covered under an insurance policy. These crimes generate significant profits for the perpetrator(s) and result in unwarranted insurance carrier expenditures which are ultimately passed along to the public via increased premiums. Types of motor vehicle insurance fraud include:

- **Application Fraud / Policy Misrepresentation / Premium Fraud:** Frauds can occur during the underwriting process when drivers apply for new or renewal coverage. An applicant may not mention prior or existing damage to a vehicle or that the vehicle was salvaged in another state. Applicants may not reveal moving violations, accidents, or DUIs in their driving histories. Applicants may provide inaccurate information about the number of miles driven, the usage of vehicles (pleasure vs. work), the distance between home and work or the actual garaging location (rate evasion). Applicants may apply for/secure coverage after an incident has occurred, falsify the incident date and make a claim for the damage to be covered. Withholding any information — or providing inaccurate and misleading information — can be considered fraud.

- **Born Again Vehicle:** A stolen or renumbered vehicle that, through the use of a forged duplicate title, a counterfeit title, a manufacturer's source document showing the Vehicle Identification Number (VIN) or the original title that's been returned to the United States from an illegally exported vehicle, assumes the identity of a vehicle that's been exported.

- **Claim Exaggeration / Claim Padding / Premium Retrieval:** Overstating an insurance claim or falsely reporting items stolen from the vehicle to make up for the policy's deductible or to recover some of the money that has been paid for insurance coverage in the past.

- **Cloned Registration:** A stolen vehicle that bears a "replacement" tag obtained by using bona fide registration information obtained without the vehicle owner's knowledge.

- **Cloned VINs:** Found on stolen and renumbered vehicles equipped with a counterfeit VIN that can be found on a legitimate vehicle of the same make and model. Through the use of a forged duplicate title application, with a "transfer" or Registration Only (RO) transaction, the vehicle becomes legitimized.

- **Commercial Application Fraud:** This occurs when a group of individuals are in an alleged application misrepresentation scheme for commercial vehicle insurance. The alleged scheme involves several unscrupulous individuals allegedly acting as a major insurance broker for numerous car rental and leasing companies as well as cabs and limo services that work almost exclusively in the New York City metropolitan area. However, the majority of the listed addresses are in upstate Ulster and Dutchess Counties. These locations are used to facilitate their alleged rate evasion scheme. Several large carriers are receiving numerous auto casualty claims that they are presently adjusting. The vehicles are all registered to the upstate addresses while allegedly being housed and utilized in the New York City area. Losses to numerous insurance carriers and the state of New York total in millions of dollars.

- **Counterfeiting:** Counterfeiting in the context of motor vehicles refers to forging, altering and/or copying motor vehicle-related documents without a legal right to do so.

  Advancements in technology (computers, printers, etc.) have made it possible for the creation of documents which enable perpetrators the means to fraudulently obtain vehicles, parts and/or motor vehicle insurance coverage. While the New York State Department of Motor Vehicles (DMV) and Department of Financial Services (DFS) have developed documents and verification procedures that deter these types of crimes, counterfeiting and document fraud continue to be perpetrated. The following are examples of ongoing document fraud with regard to motor vehicles:

  - **Counterfeit Insurance Cards:** Illegal storefront “insurance companies” may issue invalid insurance cards to unsuspecting vehicle owners at very low prices or a fraudster may present a forged insurance card to law enforcement for “proof of insurance” verification.

    Due to the use of two-dimensional bar codes by DMV, there has been a decrease of fraudulent New York State insurance cards; however, out-of-state cards (NJ, OH, PA & RI) are now more common.

  - **Counterfeit Title:** Typically, a heavily financed vehicle is reported stolen and the insured presents his insurance company with a counterfeit title listing himself as the sole owner (omitting the bank or finance company as lien holder).

- **Duplicate Title:** The insured person sells the vehicle, obtains a duplicate vehicle title, reports the vehicle stolen and then surrenders the duplicate title to the insurance company. This method nets proceeds from the sale of the vehicle and the vehicle theft settlement from the insurance company.

- **Embezzlement From An Insurance Carrier / Theft of Premiums:** An scheme whereby an insurance agent deliberately fails to remit policyholder premiums to the insurance company. Instead of sending the insurance premiums to the insurer, the agent pockets the premiums.

- **Export Fraud:** A vehicle stolen and illegally shipped overseas to be sold. Export fraud may involve the theft and shipping of high-end or difficult to secure vehicles that fetch a premium price overseas or owner give-ups looking to reap profits from insurance settlements. Non-manifested vehicles, vehicles discovered in cargo containers being shipped out of the country that do not appear on shipping manifests, are a primary indicator of export fraud.

- **Falsified Theft Reports:** The owner of a vehicle submits a false claim for items reported stolen from a vehicle that, in fact, were not stolen, or exaggerates a claim for items that were actually stolen.

- **Faked / Staged "Accident" (Incident):** An event created to intentionally cause damage to a vehicle. One or more parties collude to cause an intentional collision to collect on bodily injury or property damage insurance. Usually, such "accidents" involve low speed and result in little damage to vehicles. The perpetrators may cause a collision with an innocent party or operate all vehicles involved in the collision. States with no-fault insurance systems are more vulnerable to this type of fraud as shorter, state-mandated periods for injury payments give insurance companies limited time to investigate incidents and determine whether fraud has taken place. Staged "accidents" have many variations, some of which are described below:

  - **Drive Down / Wave**: A perpetrator (Vehicle 1) observes an innocent driver (Vehicle 2) attempting to switch lanes. The perpetrator will "wave" Vehicle 2 to proceed, indicating it is safe to maneuver into the lane, then accelerate to cause a collision with Vehicle 2. When the police arrive, the perpetrator will deny ever providing a courtesy wave, placing Vehicle 2 at fault.

  - **Hit and Run / Paper Accidents**: Owner of a vehicle with existing damage reports a "Hit and Run" incident in which the vehicle was damaged.

  - **"Jump-in":** Perpetrators will falsely report to police that they were a passenger in an accident. This scheme may be utilized in a staged/faked accident, a paper/fictitious accident and/or an unintended accident.

  - **Pedestrian Accidents:** A perpetrator intentionally walks into a vehicle traveling at slow speeds.

  - **Phantom Victims:** Participants use fraudulent identification and/or provide erroneous personal information, complicating subsequent efforts by investigators and law enforcement to locate and apprehend them.

  - **Sideswipe**: A perpetrator on the inside lane of a dual left-turn lane drifts into the outer lane, intentionally forcing a collision.

  - **Swoop and Squat / Swoop and Stop:** A scheme involving three cars, two drivers (Vehicle 1 and Vehicle 2) with criminal intentions and one innocent driver (Vehicle 3). This scheme occurs when vehicle 1 is suddenly passed by vehicle 2 ("swoop"), causing vehicle 1 to stop abruptly ("squat") and vehicle 3 to collide with the rear end of vehicle 1.

- **T-Bone:** A perpetrator (Vehicle 1) waits for an innocent driver (Vehicle 2) to proceed through an intersection and then accelerates to T-bone the vehicle. When the police arrive, phony witnesses then claim Vehicle 2 ran the stop sign or traffic signal.

- **Hidden Repair Fraud / Inflated Repair Estimates:** Working in collusion with the owner of a vehicle, an auto body shop inflates the extent of the damage to cover the deductible. Independent damage appraisals help to eliminate this type of fraud.

- **Internet-Based Fraud** - There is a growing use of the Internet to commit fraud, scam buyers and steal identities. In addition, the ease of information dissemination via the Internet has allowed for the instantaneous sharing of schemes to defeat the legal system. The following are fraudulent uses of the Internet involving motor vehicles:

  - **Auctions / Internet Sales:** There is a growing use of the Internet to sell vehicles to rebuilders as well as individuals. Fraudsters have sold VIN tags, license plates and other illegal parts of vehicles. Some auction sites prohibit the sale of these items, however, the number of items placed on the site makes the monitoring and removal of prohibited items challenging. Salvage vehicles with "clean" titles, multiple sales of a single vehicle, as well as the collection of money for a vehicle never delivered are examples of frauds that occur via the Internet. As Internet sales are not regulated by any one jurisdiction, enforcement and prosecution of these crimes are often difficult and burdensome, especially when the crimes occur across state and/or country borders.

  - **Fraudulent Documents:** There is an availability of fraudulent driver's licenses, "International Driving Permits" and/or "International Driver's Licenses" at various web sites. Perpetrators obtain fraudulent licenses for identity fraud leading to insurance fraud (same photo, different identifiers).

  - **Fraudulent Motor Vehicle and Parts Identifiers:** Web sites (ie. VIN-TAG.com) supply a wide range of blank VIN plates to customers. This allows the re-tag of stolen vehicles and/or salvage vehicles that are un-insurable.

  - **Fraudulent Photos:** Alternate and/or doctored photos of pristine and/or damaged vehicles allow fraudsters to collaborate information regarding registered vehicles and/or accident insurance claims.

  - **Information Web Sites:** Various online sites offer instructions on "how to": exhibit signs of whiplash; set up a phony corporation; answer questions at an independent medical exam requested by an insurance carrier; and set up a successful medical clinic.

  - **Obtain Keys to Motor Vehicles:** Using the identifying code for an ignition key, a copy can be made by a web-based company and sent via the mail to whoever pays for it. The key can then be used in an "owner give-up" scam or straight-up steal.

- **Kickbacks / Insurance Company Employee** - An employee of an insurance company may be accepting kickbacks from auto body shops to verify false claims. Another scheme is where a claims examiner could be working with attorneys to settle claims for a percentage of the kickback.

- **Mileage Fraud / Odometer Rollback:** Resetting the odometer to show less mileage than the true odometer reading.

- **Motorcycle Frame Replacement:** An insured reports his/her motorcycle as stolen then purchases an after-market replacement frame. The insured removes all the minor component parts off the original bike and affixes them to the replacement frame. The replacement frame has a full 17 character VIN number and a certificate of origin. The certificate of origin is used to register the vehicle as a different make and model with a new VIN number. In some cases, they will also abandon or drop the frame bearing the original VIN number in a location where it will be found by law enforcement, as law enforcement will generally cancel the stolen alarm to insure quick payment of the fraudulent insurance claim.

  In New York State, all custom motorcycles that are built are required to be inspected by investigators from the Department of Motor Vehicles. Due to the inspection requirements in NYS many of the individuals engaged in this practice will title and register vehicles out of state and operate them in New York with the out-of-state registration.

  Another common scam criminals commit against consumers interested in purchasing a used motorcycle is to assemble a cycle from replica aftermarket parts and then sell it as an original (e.g., Harley). This is known as a "cloned" cycle and is an age-old method for ripping off unsuspecting consumers. False vehicle identification numbers can be easily obtained and applied to cloned cycles.

- **Owner Give-Up: "Crack Car" / "Cars for Crack":** A drug buyer will lend/lease his vehicle to a dealer/supplier in exchange for drugs or as collateral for a specified period of time. Rather than return the vehicle to its rightful owner, the dealer may utilize the vehicle to commit an offense (e.g., drug trafficking, burglary, etc.), pass the vehicle off to other individuals he or she is loosely associated with in the drug trade and/or dump the vehicle when it is no longer of use. When the vehicle is not returned to the registered owner as previously arranged, the registered owner reports it stolen to the police department.

  The vehicle is usually recovered close in time to when the report is made and often in the possession of an individual not a party to the original lend/lease transaction. This scenario is generally viewed as a situation of unauthorized use. An owner give-up "crack car" situation rises to the level of insurance fraud when the registered owner/drug user reports the vehicle to the insurance carrier as 'stolen'.

- **Owner Give-Up: Phony Theft / Staged Auto Theft:** The intentional abandonment or destruction of an owned or leased vehicle, which is then reported stolen to collect from an insurance carrier. Owner give-ups are motivated by a variety of reasons, including: owner needs cash; mechanical problems requiring expensive repairs; problems in making car loans; lease or insurance premium payments; and/or over the mileage allowance on a leased vehicle. Types of owner give-ups include:

  - **Arranged Arson:** The owner of a vehicle, or a second party engaged by the owner, sets fire to a vehicle in order for the owner to collect on an insurance claim. An arranged arson is often resorted to when the owner can't make a car loan payment and/or is facing a sizeable over-mileage penalty with a leased vehicle.

  - **Dumped Vehicle:** A vehicle that is intentionally disposed of, such as "dumping" it in a river, lake or swamp and later claiming it stolen. Dumping is often resorted to when the owner can't make a car loan payment and/or is facing a sizeable over-mileage penalty with a leased vehicle.

  - **Thirty-Day Special:** A vehicle in need of extensive repairs is reported stolen and kept hidden for the 30 days needed to process and collect on an insurance claim to be processed and paid (note: time may exceed 30 days). At some point after the claim is paid, the original owner dumps the car, which may ultimately be found. During this time, the perpetrator of the scam obtains a new vehicle. The original vehicle, if found, becomes the property of the insurance company.

- **Owner Retains Salvage:** If a vehicle is damaged to the point where the cost to repair the vehicle exceeds 75% of the retail value of the vehicle, the insurance company offers the insured the full retail value of the vehicle and allows the insured to buy back the vehicle from the insurance company for the salvage value. If the insured agrees, the insurance company is supposed to report the salvage status to DMV; however, this notification does not always occur. Salvage yards and re-builders aggressively check with repair shops seeking severely damaged vehicles and, if the claim has not been settled, offer the owner a lump sum to purchase the vehicle "as is" with the clean title for resale.

- **Paper / Fictitious Accidents:** Rather than staging a "real" accident for the purpose of committing insurance fraud, participants file an accident claim for an accident that never took place.

- **Paper Vehicles / Phantom Vehicles:** Vehicles that exist only on paper for the sole purpose of defrauding an insurance company. After an insurance policy is obtained, using phony information as to the vehicle's existence and identification, a fraudster will report the vehicle stolen and file a theft claim with the carrier. To obtain the largest settlement possible, the identities of high-end, high-cost vehicles are generally used.

Evidence of motor vehicle ownership is often solely by registration certificate with transfers by bill of sale on older vehicles. Generally, no inspection of the vehicle is required to determine the validity of the VIN or other registration information. In some states, registrations are issued on the basis of mailed-in applications with no confirmation of the existence of the vehicle. Upon receipt of the registration, application is then made to another state issuing a title (again, usually without a vehicle inspection required). With title in hand, the fictitious vehicle is then insured. The final step in the fraud is a theft report on the paper vehicle to police and the affected insurance company. This scheme is deterred by states such as New York with mandatory pre-insurance inspection laws.

- **Reclaimed Stolen Vehicle:** Owner reports a legitimate stolen vehicle and receives insurance carrier compensation. Fraud occurs if the owner recovers the vehicle after compensation has been made yet does not make notice of the recovery to the insurance carrier.

- **Repair Shop Fraud:** Instances occur whereby the owner of the insured vehicle is an unwitting participant in a repair shop's fraud. Repair shops look to increase their profit margins by charging for: repairs that were not made; more hours than were actually worked/ unnecessary work / work never performed; a replacement part while the original part was repaired; and original equipment manufactured parts ("OEM"), when the vehicle receives used parts 'Like Kind and Quality' (LKQ) or after-market parts. Additional repair shop frauds include:

    - **Extended Warranty Schemes:** A dealership or repair shop charges fictitious body work under the extended warranty of a vehicle when said work has not been requested and/or is not needed.

    - **Rotation Tow Fraud (Ro-Tow):** A towing company transports a recovered stolen vehicle, in relatively good condition, to a conspiring repair shop and the vehicle is stripped of valuable parts prior to owner and/or insurance adjuster identification. The repair shop is then able to collect unjust compensation from the car owner's insurance company to "repair" the car they stripped. If the car is declared totaled, or is transported by the owner to another shop, the conspiring repair shop retains the stripped parts for use or salvage.

- **Sale of Phony Insurance:** An "agent" or "company representative" sells counterfeit coverage from a phony or non-existent insurance company or bogus coverage using a legitimate company's name, or a name that's similar to a legitimate insurer. Consumers may receive a fictitious policy and/or proof of insurance (see **Counterfeit Insurance Cards**).

- **Salvage Fraud:** Attempt to collect on a fraudulent insurance claim based on a vehicle that has been declared a "total loss" due to sufficient damage produced by collision, fire or vandalism.

- **Salvage Switch:** A stolen and renumbered vehicle bearing the VIN of a previously salvaged vehicle for which a title was issued based on the title of the salvaged vehicle.

- **Scapegoat Theft:** Person claiming that their vehicle was stolen to avoid the consequences for another offense (e.g., a person whose vehicle has collided with and damaged another vehicle may leave the vehicle and declare it stolen in order not to be responsible for the damage).
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- **Title Washing:** Title washing involves the transferring of a vehicle title between different states to remove salvage branding. State laws concerning damage disclosure, rebuilding practices and threshold definitions for "salvaged vehicles" differ widely. This variation in state laws allows cars to go from state to state where a car with a salvaged title, as defined in one state, can be "washed" of its salvaged past if another state's law has a weaker definition. In addition, states use different mechanisms to disclose damage of a vehicle to consumers.

Highly Organized Motor Vehicle Insurance Fraud Schemes:

False Endorsement:

Following an actual accident, a fraudster may provide contact numbers to an alleged five-star repair shop, a powerful lawyer and/or a caring doctor. In actuality, each contact is a participant in the fraud scheme. The repair shop will consciously overcharge repair fees, the lawyer will pressure the accident victim into filing a lawsuit, and the doctor will bill for medical treatment never performed and/or unnecessary medical treatment provided.

Corrupt Clinics and Health Care Providers ('Medical Mills'):

Linked to most faked/staged "accident" (incident) motor vehicle insurance fraud schemes are corrupt clinics and other health care providers (e.g., acupuncturists, anesthesiologists, chiropractors, etc.). The ultimate goal of these medical mills is to exploit New York's no-fault insurance laws for optimal financial gain. The medical mills are paid by insurance companies upon an assignment of benefits executed by all "accident victims" receiving treatment. Whether the accident victims come from staged accidents, fictitious accidents or have been recruited following the occurrence of a real accident, the object of the scheme is to bill the insurance company for the maximum amount of benefits allowed. Accordingly, a steady supply of accident victim "patients" is critical to the continued profitability of the medical mill.

Owners and managers of medical mills, whether or not they are medical professionals, compensate 'runners' or recruiters to arrange minor auto accidents and then send the "injured" occupants to the clinics for treatment. In addition to recruiting participants for staged accidents, runners recruit people to pose as victims in paper or fictitious accidents and embark on a course of unnecessary treatment. Runners may bribe hospital workers for confidential patient information to approach victims of real accidents and solicit them for participation in medically useless treatment at the medical mill. In some instances, tow truck drivers and auto repair shops act as runners, collecting large fees from specific clinics for referring accident victims to them. Repair shops may provide free or discounted repairs on vehicles in exchange for a promise by a victim to patronize a specific medical mill. With each patient referral, the runner earns a fee.

Once the "patient" is referred to the medical mill, medical personnel participate with the claimant in defrauding the insurance carrier by diagnosing non-existent injuries, billing for tests and services which were not performed or provided, inflating the billing code for procedures, inflating the length of a particular procedure or therapy ("up-coding"), and/or providing a lengthy course of medically unnecessary treatment solely for the purpose of increasing the insurance claims. In the typical no-fault case, the insurance company is billed for a wide assortment of diagnostic tests and treatments including MRI's, massage therapy, aroma therapy, psychological treatment and unusually large amounts of durable medical equipment. Often, insurance company billing occurs for mobile MRI and dental units (not registered with the State Health Department) utilized for procedures not allowed by law. There have been recent indications that these medical mills are being utilized as an avenue to dole out prescriptions for highly addictive drugs, including oxycodone and Xanax.

The corporate set-up and structure of these clinics lends itself to fraud. A management company bills for services provided by a Professional (medical) Service Corporation (PC). This management company is owned by someone who is not allowed, by law, to provide medical care. The payments flow from the professional corporation to the management company where the funds are received by the non-professional. The PC in this case is simply a front for collections.

Faked / Staged "Accident" (Incident) Indicators: The following represent common indicators regarding faked/staged accidents:

- unbiased witnesses who categorically deny the prospective claimant's version of events
- overly cooperative bystander/eyewitnesses who happen to be related to the "victim";
- accidents which have resulted in tremendous damage to one car, with practically none to the other;
- accidents with "phantom" vehicles;
- accidents which appear to have been deliberately caused by the "victim";
- multiple "victims" in vehicles provide conflicting and inconsistent accounts to the responding officer about their destination, pre-accident activities and relationship to one another;
- accident "victims" receive extensive treatment for vague "soft tissue" injuries at same or similar clinics;
- recently registered older vehicles in poor condition with assigned risk insurance code

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- a vehicle is rear-ended or sideswiped (lone drivers are often targeted) and the vehicle that caused the accident has multiple passengers;
- livery type vehicle picking up multiple passengers is then sideswiped or rear ended by a vehicle;
- registered owner of a vehicle and the driver have the same address but different surnames;
- out-of-state driver's license and a vehicle with a New York registration;
- accident "victims" that have been in numerous other accidents resulting in billings to insurance companies through the no-fault system; and/or
- the registered owner of the vehicle involved has been the registered owner of other vehicles involved in suspect no-fault billings accidents.

Regional Analysis

In its final report on closed auto injury claims in New York State, published in November 2011, the Insurance Research Council (IRC) indicated that the average loss among claimants in the New York City metropolitan area was more than double the average loss in the rest of the state, $15,086 compared with $6,870. It also highlights the differences in what it calls claiming behavior between residents of New York City and those of the rest of the state, noting that New York City residents were more likely to be treated in clinics, visit chiropractors, physical therapists and acupuncturists, receive expensive diagnostic procedures and to report expenses for durable medical equipment. They were also more likely to hire attorneys. In particular, the IRC study identified the New York City boroughs of Brooklyn and Queens as hotspots for abuse, accounting for 52 percent of apparent abuse claims but only 28 percent of claims in the study.

Motor Vehicle Insurance Fraud 2012 vs. 2013 Top Ten Counties			
County	**2012**	**2013**	**Change**
Kings (Brooklyn)	5,285	4,650	-12.0%
Queens	3,096	2,993	-3.3%
Bronx	3,085	2,784	-9.8%
New York	2,308	2,035	-11.8%
Nassau	1,507	1,329	-11.8%
Suffolk	689	807	17%
Richmond (Staten Island)	349	284	-18.6%
Erie	376	496	31.9%
Westchester	465	418	-10.1%
Monroe	214	194	-9.4%
New York State	18408	17105	-7.0%

On October 29, 2012, Superstorm Sandy hit coastal portions of New York State. The National Insurance Crime Bureau (NICB) estimates 230,000 insurance claims for vehicle damage in the areas affected by Sandy. The monumental devastation left wide scale openings for unscrupulous individuals to commit insurance fraud. The selling of salvaged (flood damaged) vehicles to unsuspecting consumers, outrageous towing and storage bills to insurance companies and inflated insurance claims became commonplace during the aftermath of Sandy, and 2012 saw a notable increase in reports of suspected motor vehicle insurance fraud, especially in downstate counties.

Part III: Areas of Concentration in the Statewide Plan of Operation

The Plan shall provide an integrated means to detect, prevent, deter and reduce motor vehicle insurance fraud and related crimes. The Plan identifies four areas of concentration as essential for an effective statewide motor vehicle insurance fraud strategy. Each of these areas contain elements that have been identified by experts in the field as effective strategies within the area of concentration.

Law Enforcement/Detection/ Apprehension:

In order to continue the impact on motor vehicle insurance fraud and related crimes by law enforcement, the following efforts should be incorporated:

1. Coordinated Efforts and Enhanced Communications:

Within each law enforcement agency: The impact of an individual law enforcement agency is greater when efforts of distinct units such as patrol and detectives act in concert. Intelligence briefings should be two-way in order to effectively focus efforts.

Within each county: The coordination among agencies through an informal or a formal task force approach can result in effective methods of detection and apprehension. Experience across New York State has shown that it is essential for the office of the district attorney to be a primary partner, especially from the beginning of the more complex, undercover or long-term investigations. Inclusion of state agencies and insurance industry representatives whose missions are relevant to the targeted crimes is also essential. This provides additional resources, intelligence and the prevention of overlapping or competing investigations. This also includes the utilization of SAFETNet.

- **SAFETNet / UDECS**: Statewide deconfliction system that enhances officer safety by preventing two or more agencies from simultaneously pursuing investigations against common targets. Targets (people, places, etc.) of case investigations are entered into the Secure Automated Fast Event Tracking Network through the New York/New Jersey High Intensity Drug Trafficking Area Regional Intelligence Center (HIDTA) or the Upstate New York Regional Intelligence Center (UNYRIC).

Within New York State: Initiate meetings of law enforcement agencies from contiguous counties as well as meetings with the Special Investigations Unit (SIU) of insurance carriers.

2. Effective Enforcement: Problem identification and analysis enable law enforcement agencies to effectively target their enforcement initiatives. Based upon experience from current grant funded programs in New York and other states, the following enforcement methods should be considered when a law enforcement agency is combating motor vehicle insurance fraud and related crimes:

- Sting operations that target the crimes identified through problem identification and analysis;
- Development of confidential informants through assistance of the district attorney;
- Development of expertise in personnel at patrol and detective / investigator levels through training and field experience. (Essential in problem identification and enforcement at the patrol level and when utilizing complex sting operations);
- Audit teams of state and local officers to inspect repair shops, scrap yards and dismantlers;
- Vehicle identification number tracking systems;
- Utilization of advanced technology for investigations, in terms of surveillance; and,
- Ongoing statistical analysis and creating and maintaining intelligence data banks.

Prosecution / Adjudication / Conviction:

In order to continue the impact on motor vehicle insurance fraud by effective prosecution, the following efforts are incorporated into the statewide strategy.

1. Coordinated Effort and Enhanced Communications:
Within each DA office*:*

- dedicate staff to motor vehicle insurance fraud and develop expertise;
- utilize vertical prosecution; and,
- assist in the coordination of investigations within the county and work closely with law enforcement.

Within each county*:* The coordination among agencies through an informal or a formal task force approach can result in effective methods of detection and apprehension. Experience across New York State has shown that it is essential for the office of the district attorney to be a primary partner, especially from the beginning of the more complex, undercover or long-term investigations. Inclusion of State agencies and insurance industry representatives whose missions are relevant to the targeted crimes is also essential. This provides additional resources, intelligence and the prevention of overlapping or competing investigations. This also includes the utilization of SAFETNet.

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Within New York State: Initiate meetings of law enforcement agencies from contiguous counties as well as meetings with SIU's of insurance carriers.

2. Making Appropriate Plea Offers and Sentence Recommendations to the Judiciary

In those counties where the district attorneys have worked to enhance plea offers and seek stiff penalties for motor vehicle insurance fraud and related crimes, the efforts of the police have been reinforced. It is important to communicate this need for a strong judicial response on these matters with an emphasis on communicating that these crimes are not "victimless" and that leniency only tends to perpetrate the ongoing problem of motor vehicle insurance crime in our communities. The use of state RICO charges has also been very effective in prosecuting organized crime rings.

Education / Training Programs

Besides education of the public, it is essential to educate law enforcement personnel and prosecutors. Experience in the field is an important aspect, but the foundation for effective enforcement and prosecution is quality training. The development of all-encompassing training programs is important, with the input of seasoned investigators essential. The length of training seminars can vary from one to four days, as well as simple roll call programs of checklists that can be easily used in the field. Emphasis should be placed on the development and delivery of training programs on motor vehicle insurance fraud specific for the following target groups:

- Patrol & investigative level law enforcement personnel;
- Law enforcement agency command & executive level personnel;
- Law enforcement training directors of New York State;
- Prosecutors;
- Magistrates and judges;
- Insurance industry personnel (underwriting and SIU); and,
- Community groups and the general public.

The Statewide Work Group recommended that one way to be truly effective in presentation of the information is to present a team composed of a local prosecutor, law enforcement investigator and insurance carrier investigator where the program is being held. It is important that the team members be experienced, preferably from the greater New York City area or its suburbs, and that there is a local prosecutor who has developed expertise and has intelligence on motor vehicle insurance fraud and related crimes in the area. The work group believes this would lend a stronger case in presenting the information and greater reception by the target group.

Part IV: Evaluation

The evaluation of programs and projects is undertaken to ensure that their implementation is in accordance with agreed plans, objectives and goals, to prove that funds are used as agreed and to provide for possible adjustments and further planning of individual programs and projects. The Plan recommends the inclusion of the following standardized performance measures by law enforcement, prosecution and education/training programs in the evaluation of their strategy to decrease motor vehicle insurance fraud and related crimes:

Law Enforcement

- Number of investigations initiated
- Number of accident claims denied or withdrawn due to law enforcement investigation
- Value of accident claims denied or withdrawn due to law enforcement investigation initiation
- Number of misdemeanor arrests (including types of charges levied)
- Number of felony arrests (including types of charges levied)
- Number of intra-agency motor vehicle insurance fraud meetings conducted and/or attended
- Number and type of training sessions conducted
- Number and type of training sessions attended
- A narrative summarizing current inter-agency collaborative efforts regarding motor vehicle insurance fraud

Prosecution

- Number of investigations initiated
- Number of warrants issued
- Number of indictments
- Number of misdemeanor arrests prosecuted
- Number of felony arrests prosecuted
- Number of misdemeanor convictions
- Number of felony convictions
- Number of motor vehicle insurance fraud cases taken to trial
- Number of motor vehicle insurance fraud cases plea bargained
- Type(s) of sentencing
- Amount of funds (restitution) provided to the insurance industry
- Number of intra-agency motor vehicle insurance fraud meetings conducted and/or attended
- Number and type of training sessions conducted
- Number and type of training sessions attended
- A narrative summarizing current inter-agency collaborative efforts regarding motor vehicle insurance fraud

Education / Training Programs

- Subject areas, instructors and seminar outlines
- Number and location of seminars held
- Number of attendees per seminar
- Number of agencies represented per seminar
- Number of webinar trainings produced
- Number of motor vehicle theft and/or motor vehicle insurance fraud articles published in The Empire State Prosecutor magazine.

Appendix A

New York State
Motor Vehicle Theft & Insurance Fraud Prevention Board

History of the Board & Statewide Plan of Operation Statistics

History of the Board & Statewide Plan of Operation

Introduction

During the 1980s, New York State experienced a dramatic increase in motor vehicle theft and fraud related crimes. From 1986 through 1990, the number of motor vehicles reported stolen increased by 65 percent. In response to the prevalence and economic costs of the crimes of motor vehicle theft and insurance fraud, New York State enacted Executive Law, Article 36-A (L.1994, c.170) creating the *New York Motor Vehicle Theft and Insurance Fraud Prevention Demonstration Program* to help reduce the overall cost of motor vehicle insurance in the State.

Funding for the Program is provided for under State Finance Law §89-d, *Motor Vehicle Theft and Insurance Fraud Prevention Fund*. As of June 1, 2009, the fund consists of monies received from the $10 dollar fee assessed on each insurance policy issued for a portion of passenger vehicles and all other motor vehicles registered in New York State (Insurance Law §9110).

A 12-member *Motor Vehicle Theft and Insurance Fraud Prevention Board* was authorized under New York State enacted Executive Law, Article 36-A (L.1994, c.170) to make recommendations to the Commissioner of the Division of Criminal Justice Services regarding the administration of the Program. Members of the Board, selected by the Governor and the Legislature, include representatives of law enforcement, consumers of motor vehicle insurance, insurance carriers, and relevant state agencies. With the appointment of its members, the Board became operational in September of 1997 and made initial Program awards in late 1997.

Mission Statement

In accordance with Executive Law §846-1 and 846-m, the Motor Vehicle Theft and Insurance Fraud Prevention Board, as its stated mission and purpose shall make recommendations to the Commissioner of the Division of Criminal Justice Services (Commissioner) with respect to the exercise of his or her functions, powers and duties as set forth in Executive Law §846-1(3).

The Board shall also:

In accordance with the legislative intent of Article 36-A of the Executive Law, develop and recommend to the Commissioner a **plan of operation** which shall provide for a coordinated approach to curtailing motor vehicle theft and motor vehicle insurance fraud throughout the state (hereinafter "Plan"). The Plan shall provide an integrated means to detect, prevent, deter and reduce motor vehicle theft and insurance fraud by providing funds, upon the recommendation of the Board and approval by the Commissioner, to meet these objectives.

The Plan shall include, but not be limited to:

- An assessment of the scope of the problem of motor vehicle theft and motor vehicle insurance fraud, including a regional analysis of the incidence of motor vehicle theft and motor vehicle insurance fraud and related activities;

- An analysis of various methods of combating the problem; and

- The development of a request for proposals process, consistent with the Plan, for applications from provider agencies to receive grants from the Motor Vehicle Insurance Fraud Prevention Fund established pursuant to §89-d of the State Finance Law.

In August 1999, the New York State Motor Vehicle Theft and Insurance Fraud Prevention Board initiated the plan development phase of the Program by approving a specific process for the creation of the statewide strategy plan for curtailing motor vehicle theft and insurance fraud throughout New York State. The Board determined that the experience and expertise gained as a result of the ongoing operations of the funded demonstration projects provided a solid foundation upon which to build a realistic plan. To research and develop a plan that was reflective of the problem in all regions of New York State, the Board recommended 16 agencies and three insurance industry representatives to participate in the development of the first statewide plan. This Motor Vehicle Theft and Insurance Fraud Plan Work Group was comprised of individuals with background in the areas of motor vehicle theft and insurance fraud. The following agencies and insurance industry representatives were represented on the Plan Work Group: cities of Buffalo, New York and Rochester; counties of Bronx, Kings, Nassau, New York, Niagara, Queens, Rensselaer, Suffolk and Westchester; New York State Departments of Motor Vehicle and Insurance, Divisions of Criminal Justice Services and State Police; National Insurance Crime Bureau; U.S. Customs; and Allstate, Progressive and The Robert Plan. Due to the divergent nature of the problems of motor vehicle theft and motor vehicle insurance fraud, the Board agreed to address these two problems with two separate plans. The final drafts of the plans were developed at the October 5, 2000, meeting and submitted to the Board.

The Plans represent the current trends in motor vehicle theft and motor vehicle insurance fraud across New York State and are utilized as guides for agencies in preparing their applications as well as for the Board in determining funding decisions. The Plan Work Group has evolved into the Statewide MVT&IF Advisory Group and is reconvened on a yearly basis to revise and update the MVT and MVIF statewide plan of operation for annual presentation to the Board.

2013 Motor Vehicle Insurance Fraud Suspected Incidents

Rank	COUNTY	MV INSURANCE FRAUD		**Rank**	COUNTY	MV INSURANCE FRAUD
1	Kings	4,650			Essex	10
2	Queens	2,993			Fulton	10
3	Bronx	2,784			Genesee	10
4	New York	2,035		**35**	Clinton	9
5	Nassau	1,329			Franklin	9
6	Suffolk	807			Greene	9
7	Erie	496			Madison	9
8	Westchester	418			Orleans	9
9	Richmond	284			Steuben	9
10	Monroe	284		**41**	Cattaraugus	8
11	Orange	134			St Lawrence	8
12	Onondaga	117		**43**	Chemung	7
13	Rockland	107			Delaware	7
14	Albany	82			Herkimer	7
15	Oneida	57			Wayne	7
16	Niagara	51		**47**	Livingston	6
17	Dutchess	44			Otsego	6
18	Schenectady	37		**49**	Cortland	5
19	Ulster	35			Schoharie	5
20	Putnam	25		**51**	Schuyler	4
21	Saratoga	21			Seneca	4
22	Sullivan	17		**53**	Allegany	3
23	Broome	16			Chenango	3
	Oswego	16			Montgomery	3
25	Jefferson	15			Tompkins	3
26	Ontario	14		**57**	Hamilton	2
27	Rensselaer	13			Tioga	2
28	Chautauqua	12			Washington	2
	Warren	12		**60**	Lewis	1
30	Cayuga	11			Wyoming	1
31	Columbia	10			Yates	1

The actual incidence of motor vehicle insurance fraud is difficult to measure accurately. The New York State Department of Financial Services (DFS) receives reports from insurers of suspected fraud but this number cannot be considered to be an accurate representation of the problem since the term can be interpreted differently by insurance companies. The New York State Penal Law does not distinguish between vehicle-related insurance fraud charges and all other insurance fraud. Consequently, DCJS uses the insurance industry numbers until a more accurate measure of the crime of vehicle-related insurance fraud is identified.