



# DAMAGE TO/LOSS OF TOWN PROPERTY FORM 7.1 - INCIDENT REPORT

TOWN CLERK  
USE ONLY

DATE RECEIVED

TRACKING #

NAME OF REPORTING EMPLOYEE	DEPARTMENT	INCIDENT OR DISCOVERY DATE
NAME OF EMPLOYEE INVOLVED (IF DIFFERENT FROM REPORTING EMPLOYEE)	DEPARTMENT	INCIDENT OR DISCOVERY DATE
POSITION	WORK PHONE	IMMEDIATE SUPERVISOR

WHAT TOWN PROPERTY IS DAMAGED OR LOST/STOLEN? INCLUDE EQUIPMENT NUMBER IF APPLICABLE.

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DESCRIBE INCIDENT. ATTACH ADDITIONAL STATEMENTS/SHEETS IF NECESSARY.

IF DAMAGED/LOST/STOLEN PROPERTY IS A TOWN VEHICLE	VEHICLE MAKE	MODEL	YEAR
VEHICLE #	PLATE #	VIN #	

**FOR TRAFFIC ACCIDENT INVOLVING ANOTHER VEHICLE(S)**

DESCRIBE VEHICLE DAMAGE

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DESCRIBE HOW DAMAGE OCCURRED. ATTACH ADDITIONAL STATEMENTS/SHEETS IF NECESSARY.

INCIDENT ADDRESS/CROSS STREETS	CITY	STATE	ZIP CODE
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NAME OF EMPLOYEE DRIVING TOWN VEHICLE

**OTHER DRIVER'S INFORMATION**

NAME OF DRIVER	NAME OF REGISTERED VEHICLE OWNER
ADDRESS OF DRIVER	CITY STATE ZIP CODE
INSURANCE COMPANY <b>REQUIRED</b>	POLICY # <b>REQUIRED</b>

PROVIDE NAMES, ADDRESSES & PHONE NUMBERS OF ALL WITNESSES (IF ANY)

POLICE REPORT FILED?  YES  NO IF YES, AGENCY FILED WITH \_\_\_\_\_ REPORT # \_\_\_\_\_

PHOTOS TAKEN?  YES  NO IF YES, NAME OF INDIVIDUAL WHO TOOK PHOTOS? \*INCLUDE PHOTOS OF DAMAGE.

**DEPARTMENT FINANCIALLY RESPONSIBLE FOR DAMAGED/LOST/STOLEN PROPERTY:**

WILL PROPERTY NEED TO BE REPAIRED OR REPLACED?  YES  NO \$ \_\_\_\_\_ ESTIMATED DAMAGE/LOSS AMOUNT / INCLUDE WRITTEN ESTIMATE IF AVAILABLE

**BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. \*E-SIGNATURE ACCEPTABLE.**

SIGNATURE OF REPORTING EMPLOYEE	DATE	SIGNATURE OF DEPARTMENT HEAD	DATE
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