



# 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.

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

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

INCIDENT ADDRESS/CROSS STREETS

CITY

STATE

ZIP CODE

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 **REQUIRED**

POLICY # **REQUIRED**

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