

Construction Work Zone Claim Incident Report Form

The following information is to be completed by the individual claiming damage to their vehicle. Print clearly or type. Vehicle Operator: Vehicle Owner: _____ Vehicle Registration Number/State Registered: _____ (Number) Vehicle Operator's Address: _____ (Street, Apt. #) (City/Town) (State) (Zip Code) Daytime Telephone: ___ Email Address: _____ Street Address/Route #/City or Town Direction of Travel (N,S,E,W) Travel Lane Describe what happened including date, time, and exact location the incident occurred: Describe the damage and total amount (\$) you are claiming: The above information provided on this form is true and accurate to the best of my knowledge. (Signature of Claimant) (Date) THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT *(REQUIRED)* _____in the year______, the above-named individual filed this Incident Report Form (day) (month) (year) at the (circle one): INCIDENT SCENE / POLICE DEPARTMENT to state their intention to file a claim for damages sustained to their vehicle within an active construction work zone. The information above is provided by the claimant. (Name of Police Department) (Name of Police Officer) (Officer's Badge Number)