



## CITY OF NEWBURYPORT REPORT OF INCIDENT/CLAIM

Full Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location (be specific): \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been to the area before? \_\_\_\_\_ When? \_\_\_\_\_

Did you know of the condition prior to the incident? \_\_\_\_\_

Describe the area, condition, or defect: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated costs of loss: \_\_\_\_\_

*Please attach copies of receipts or written estimate*

Were the police notified? \_\_\_\_\_ If yes, date: \_\_\_\_\_ Incident number: \_\_\_\_\_

List any witnesses:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

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