



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) (State)

Vehicle Operator's Address: _____

(Street, Apt. #) (City/Town) (State)

Daytime Telephone: _____

Exact Incident Location: _____

Street Address/Pole #/Route #/City or Town Direction of Travel(N,S,E,W) Travel Lane

Describe what happened including date and time incident occurred:

Describe the damage 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

On the _____ of _____ 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)

Claimant Information

Please contact RIDOT Construction Work Zone Claims
 2 Capitol Hill, Providence, RI 02903
 401-222-2492 Ext: 4101