PROPERTY DAMAGE INCIDENT REPORT

Date of Incident:	Time of Incident:
Police Department:	Fire Department:
Custodian of Property:	Affiliation with URI:
Custodian's Contact:	Custodian's Email:
Location of Accident/Incident:	

INCIDENT DESCRIPTION & DETAILS

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Property Owner Information
(Name, Address, City/State/Zip, Phone)

Insurance Information
(Company, Address, City/State/Zip, Phone, Contact)

Description of Damaged Property *(Please include Make/Model/Year)*	Equipment Serial #	Estimated Damage:
	Total Estimated Damages	

Completed By:_____

Return form to: cynthia_stanton@mail.uri.edu
Risk Management Department
210 Surge Rd- Suite 213
Kingstown, RI 02879
(p) 401-874-2596 (f) 401- 874-9101