



RHODE ISLAND DEPARTMENT OF TRANSPORTATION



Pothole 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: _____
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Vehicle Operator's Address:	_____	_____	_____
	Street, Apt. #	City/Town	State

Daytime Telephone: () _____ - _____	Odometer Reading At Time of Incident: _____
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Vehicle Registration Number/State Registered: _____
Number _____ State _____

Exact Incident Location:	_____	_____	_____
	Street Address/Pole #/Route #/City or Town	Direction of Travel (N, S, E, W)	Travel Lane (specific)

Describe what happened including the date incident occurred:	_____

Describe 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
 (day) (month) (year)

filed this Pothole Incident Report Form at the: INCIDENT SCENE POLICE DEPARTMENT

to state their intention to file a claim for damages sustained to their vehicle. The information above is provided by the claimant.

_____	_____	_____
Name of Police Department	Name of Officer	Officer's Badge #

CLAIMANT INFORMATION

POTHOLE CLAIMS **MUST BE** POSTMARKED OR RECEIVED WITHIN SEVEN (7) DAYS FROM THE DATE OF THE INCIDENT.
 PLEASE CONTACT RIDOT MAINTENANCE HEADQUARTERS - 360 LINCOLN AVENUE, WARWICK, RI 02888-3030
 7 DAY/ 24 HOUR AUTOMATED CLAIMS LINE - (401) 222-2378 x4817