

**CITY OF CRANSTON MISCELLANEOUS INCIDENT REPORT**  
**ALL QUESTIONS MUST BE ANSWERED AND THE FORM SIGNED**

**PLEASE PRINT AND RETURN THE FORM TO:**

**CITY CLERK  
CITY OF CRANSTON  
869 PARK AVENUE ROOM 207  
CRANSTON, RI 02910**

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Name, Address & Phone # of Property Owner: \_\_\_\_\_

\_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe in detail what happened and the property involved that was damaged: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a Police Report Made: \_\_\_\_\_ When \_\_\_\_\_

Any Witnesses: \_\_\_\_\_ If so, names & addresses \_\_\_\_\_

\_\_\_\_\_

What relief/payment are you seeking? \_\_\_\_\_

Any additional information you wish to add: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner(s)

\_\_\_\_\_  
Date of this report

**Please return with an itemized bill or estimate of the damage.**

