



Vehicle Damage Claim

PROPER NOTICE MUST BE RECEIVED BY THE TOWN WITHIN 30 DAYS FROM THE DATE OF INCIDENT

CONTACT INFORMATION

Name: _____ Date Submitted: _____

Address: _____

City / Town: _____

Telephone Number: _____ Email: _____

VEHICLE INFORMATION

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Registration State: _____ Registration Number: _____

License Plate Number: _____ License Plate Number Color: _____

Registration Type: ☐ Passenger ☐ Commercial ☐ Motorcycle ☐ Other

Are you the vehicle owner? ☐ Yes ☐ No

INCIDENT INFORMATION

(Please be Specific as Possible, Street Name, Nearest Address Number, Cross Street, Direction of Travel, Attach Picture of Damages or Defects and Police Report if any)

Type of Incident: ☐ Pothole ☐ Other Roadway Obstruction Was a Police Report Completed: ☐ Yes ☐ No

Date of Incident: _____ Approximate Time: _____ ☐ AM ☐ PM

Location of Incident: _____

Please Explain What Happened and How: _____

REPAIR INFORMATION

(Please Attach Repair Invoice / Estimate)

Repair Cost: _____ Have You Notify Your Insurance Company? ☐ Yes ☐ No

Your Insurance Company: _____

Note: You may fax this form to the Selectmen's office at 508-378-1636, mail to 175 Central Street East Bridgewater, MA 02333, or email to rjohnson@eastbridgewaterma.gov. Please call 508-378-1601 if you have any question.