

CITY OF CRANSTON

POTHOLE ACCIDENT REPORT

As part of our investigation, we would appreciate it if you would complete this form and return it to the address listed below. If you believe the City was responsible for your damages, please attach you itemized repair bill, a copy of the vehicle registration, and any photos showing the pothole and the surrounding area.

City of Cranston
City Clerk's Office Room 207
869 Park Avenue
Cranston, RI 02910

Name and address of the vehicle owner: _____

Date of accident: _____ Time: _____ Weather conditions: _____

Exact location of the pothole: _____

Describe the vehicle involved: Year: _____ Make: _____ Model: _____

Odometer reading: _____ VIN: _____ Registration: _____

Was a Police report filed? _____

Describe in detail how the incident occurred (use back of this form if needed)

What relief/payment are you seeking? _____

Signature of vehicle owner

Print name of vehicle owner

Date of this report: _____

If you have any questions regarding this form, please contact Gianna Vannini at 780-3119