

Property Damage Reporting Form



***Important Information Needed**

<i>Property Damage Claim Information</i>			
*Date of Incident	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Report	
*School Name/Project Address			Borough
Scope of Work		Substantial Completion Date	
Exact Location of Incident		*Contract Number	
<i>Information on Damages</i>			
Owner of Damaged Property? <input type="checkbox"/> Contractor <input type="checkbox"/> Vendor <input type="checkbox"/> Neighbor <input type="checkbox"/> DOE <input type="checkbox"/> Other – (List below)			
Damaged Property Owner Name(s) and Contact Information – (Address, phone, and email)			
List of Damaged Items – (Include pictures when you submit this form)			
*Estimate of Damages in US Dollars (\$) – (Best guess)			
*Cause of Damage – (describe in detail how the incident occurred. Be as specific as possible and present relevant facts relating to persons, locations, and equipment in a sequential manner.)			
Has the Damaged Property Been Removed from the Location? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If Yes, describe below)			
What Steps Were Taken to Protect the Property After the Incident to Stop Further Damage?			
What is the Current State of the Incident Area? <input type="checkbox"/> Threat to Safety <input type="checkbox"/> Preventing Ingress and Egress <input type="checkbox"/> Requires Immediate Clean Up to Prevent Further Damage <input type="checkbox"/> Clean Up Has Already Begun <input type="checkbox"/> Other (describe below)			
<i>Preparer Information</i>			
*Name of Individual Who Prepared Report		Employer	
*Phone	Email	Signature	Date Signed
***EMAIL FORM TO: noticeofaccident@nycsca.org - For URGENT matters call: (718) 472-8778			