

Property Damage Reporting Form



Property Damage Claim Information		
Date of Incident	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Report
School Name/Project Address	Borough	Contract Number
Scope of Work		Substantial Completion Date
Exact Location of Incident		
Information on Damages		
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?		
Select 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)		
Name and Contact Information of Person Completing Form		
Name of Individual Who Prepared Report	Employer	
Phone and Email	Signature and Date	
Email this form to noticeofaccident@nycsca.org . If this is an urgent matter, call (718) 472-8878		