

STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

## Report of Equipment Damage

*This form shall be used in all cases of damage to state owned equipment including damage to a state-owned vehicle from a motor vehicle accident. In cases, where damage is a result of a motor vehicle accident, refer to the policies set forth in A&O Manual Section 17.2.*

<b>Case Number (if applicable):</b>		<b>Division, Troop or Unit:</b>		<b>Date of Report:</b>	
<b>Date of Damage:</b>		<b>Time of Damage:</b>		<b>Weather Conditions:</b> <input type="checkbox"/> N/A	
<b>Place Where Damage Occurred:</b>				<b>City/Town:</b>	
<b>Type or Description of Equipment:</b>				<b>Inventory Tag No. or Fleet ID No.:</b>	
<b>If Vehicle, enter Reg. No.:</b>		<b>Make:</b>	<b>Model:</b>	<b>Year:</b>	<b>Mileage:</b>
<b>Person Equipment was Assigned to or was in Custody of:</b>				<b>Command Equipment was Assigned to:</b> <i>(unit name -- function code)</i>	

  

<b>P A R T  1</b>	<b>Damage Occurred:</b> <input type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> During Pursuit <input type="checkbox"/> During Search <input type="checkbox"/> Raid <input type="checkbox"/> Unknown <input type="checkbox"/> Other				
	<b>Damage Was:</b> <input type="checkbox"/> Attended <input type="checkbox"/> Unattended <input type="checkbox"/> Accidental <input type="checkbox"/> Preventable <input type="checkbox"/> Spontaneous <input type="checkbox"/> Intentional				
	<b>Nature of Damage:</b>			<b>Estimate Cost of:</b> <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
	<b>How Damage Occurred:</b> <i>(attach additional pages or report copy, if required)</i>				
	<b>If Intentional, Provide Name and Address of Responsible Person:</b> <i>(if known)</i>				
	<b>Name(s) of Witnesses:</b>				

  

<b>P A R T  2</b>	<b>Reported to:</b>		<b>At:</b> <i>(Date and Time)</i>	
	<b>Reported by:</b>		<b>Investigated by:</b>	
	<b>Recommendations of Commanding Officer or Manager:</b>			
	<b>Signature of Assignee or Custodian:</b>		<b>Signature of Commanding Officer or Manager:</b>	<b>Date:</b>

  

<b>P A R T  3</b>	<b>Recommendation/Approval of Commissioner or his designee:</b>	
	<b>Signature:</b>	<b>Date:</b>