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.

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

PART 1

Damage Occurred:
☐ On-Duty ☐ Off-Duty ☐ During Pursuit ☐ During Search ☐ Raid ☐ Unknown ☐ Other

Damage Was:
☐ Attended ☐ Unattended ☐ Accidental ☐ Preventable ☐ Spontaneous ☐ Intentional

Nature of Damage:	**Estimate Cost of:** ☐ Repair ☐ Replacement

How Damage Occurred: *(attach additional pages or report copy, if required)*

If Intentional, Provide Name and Address of Responsible Person: (*if known)*

Name(s) of Witnesses:

PART 2

Reported to:	**At:** *(Date and Time)*
Reported by:	**Investigated by:**

Recommendations of Commanding Officer or Manager:

Signature of Assignee or Custodian:	**Signature of Commanding Officer or Manager:** **Date:**

PART 3

Recommendation/Approval of Commissioner or his designee:

Signature:	**Date:**