**RISK MANAGEMENT DIVISION**

**85 SHS**

**Augusta, ME 04333**

**(207) 287-3351**

**Form can be faxed to 287-4008 or emailed to** **scott.kibler@maine.gov****.**

**(PLEASE WRITE LEGIBILY IF COMPLETING BY HAND)**

Date of loss Click or tap to enter a date.

Reported by Click or tap here to enter text.

Phone Number Click or tap here to enter text.

Address or location of where incident occurred: Click or tap here to enter text.

Loss details Click or tap here to enter text.

Damages Click or tap here to enter text.

What contributed to loss Click or tap here to enter text.

Provide name and phone number of person or entity responsible for damages: Click or tap here to enter text.

Name and Phone Number of person completing this form Click or tap here to enter text.