Insurance Investigation - Incident Report

Report by:  
Name:  
Address 1:  
Address 2:  
Address 3:  
Date of Incident:____,____,____  
Time of Incident:_______ Am. / Pm  
Location of Incident:_________________________________________________________________________________

County Vehicle:______________________________  
License Plate #:______________________________  
Your Vehicle:______________________________  
License Plate #:______________________________

Description of Incident:

Return forms by E-Mail, Fax or Mail to:  
Dutchess County Department of Public Works  
626 Dutchess Turnpike  
Poughkeepsie,  N.Y. 12603

E-MAIL: lgreen@dutchessny.gov  
Fax # (845) 486-2921  
Telephone # (845) 486-2908

All reports must have complete Name, Address, and Phone Number to be valid