



**DEPARTMENT OF POLICE**  
5 GARFIELD AVENUE  
CRANSTON, RI 02920  
Phone 401-942-2211 TDD 401-943-1410

**VOLUNTARY POTHOLE  
CRANSTON POLICE DEPARTMENT**

REPORT # \_\_\_\_\_ DATE: \_\_\_\_\_

CR. Cl. 4504

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_  
(either street address or pole # near pothole)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LICENSE *ff.* \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

VEHICLE YEAR & MAKE: \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ AGENT: \_\_\_\_\_

POLICY # \_\_\_\_\_

Describe how the incident happened: \_\_\_\_\_

\_\_\_\_\_

Damage to vehicle: \_\_\_\_\_

\_\_\_\_\_

For City of Cranston claims mail a copy of this report to: Anna Marino, Cranston City Hall, 869  
Park Avenue Room 107, Cranston, RI 02910.

For State of Rhode Island claims mail a copy of this report to: Department of Highway and  
Bridge Maintenance, Claims Section, 360 Lincoln Avenue, Warwick, **RI** 02888  
Call first (401) 222-2378 extension 4817