



New York State Canal Corporation
P.O. Box 22058
Albany, NY 12201-2058
www.canals.ny.gov

INCIDENT REPORT FORM
TO BE COMPLETED BY MEMBER OF PUBLIC

Instructions: Complete all applicable information on the form. Submit the completed form to the address above. Canal Corporation will respond in writing after the completed form is received. **Submitting this form does not guarantee payment or reimbursement.**

Note: This form is **not** a Notice of Intention to File a Claim within the meaning of the Court of Claims Act. Canal Corporation advises you to seek the assistance of an attorney for further information regarding the Court of Claims Act.

Place where incident occurred:

City/Town/Village _____ County _____

Bridge (or other location) _____

Date and time of incident _____

Detailed account of incident

Description of any damage to property including Canal property

Name and address of persons injured, including their injuries, as a direct result of the incident:

1. _____

2. _____

3. _____

4. _____

Name and address of witnesses to incident:

1. _____

2. _____

3. _____

4. _____

Remarks

Date of this report _____ Reported by (Name) _____ Phone No. _____

Address _____