

LIMITED ACCESS HIGHWAY INCIDENT CLAIM FORM

Revised 4/2002

STATE OF CONNECTICUT
COMMISSION ON FIRE PREVENTION and CONTROL
34 PERIMETER RD
WINDSOR LOCKS CT 06096-1069

| |
|------------------------------------|
| Batch # _____ # of Claims _____ |
|------------------------------------|

Office Use Only

TELEPHONE # (860)627-6363 x257
(In State) Toll Free 877-528-3473

- INSTRUCTIONS:**
1. **Claim must be filed** with the Commission at the above address **within 60 days of the incident date.**
 2. Form must be completely filled out. Incomplete forms will be returned to the Fire Company.
 3. Copies of Incident Reports will not be forwarded to the Department of Public Safety Office of Education and Data Management.
 4. Information supplied should be consistent with each filing (example – Fire Company name).

CONDITIONS OF PAYMENT: 'The State Fire Administrator shall pay to each Volunteer Fire Company for each call to which it responds on any limited access highway, or on that section of the highway known as the Berlin Turnpike . . . or on that section of Route 8 in Beacon Falls which is within the boundaries of the Naugatuck State Forest, the sum of one hundred dollars; provided, in relation to the Berlin Turnpike as herein described, such sum shall be payable only in respect to fires involving motor vehicles using the Turnpike.' – (excerpt, C.G.S. Sec. 13A-248).

Fire Company Name _____ Telephone # _____

Location _____

Mailing Address _____

If different than location, whose address? _____

Reason for difference _____

Check if payments are to be made out to and sent to the Town Treasurer (If box is not checked, payments will be made out to and sent to the Fire Company)
FEI# (Federal Identification Number) _____

Date of Incident _____ Time of Incident _____

Highway involved _____ Location _____ City / Town _____

What was reported: Single Vehicle Accident Multi-Vehicle Accident Brush Fire
Medical Emergency Structure Fire Other

Description _____

What was found: As reported Nothing Found Other

Description _____

Vehicle Identification

Year Make Model Color License Plate # State VIN # # of Occupants

1. _____
2. _____
3. _____
4. _____

Has the Incident been reported to the State Fire Marshal? Yes No Don't Know

If Yes, enter FD ID # _____ Incident# _____

CERTIFICATION: We, The Undersigned, hereby certify that the above information is true and correct and as a volunteer fire company are entitled to this reimbursement in accordance with C.G.S. Sec. 13A-248, printed in part above.

FIRE CHIEF

INCIDENT COMMANDER

DATE

DATE

Note: 2 Different Signatures Required (1) the Chief and (2) that of the next senior officer in charge of the incident.