

VICTIM SERVICES TEAM
DEPARTMENT OF ATTORNEY GENERAL
150 SOUTH MAIN STREET
PROVIDENCE, RI 02903

BUSINESS STATEMENT OF LOSS

STATE OF RHODE ISLAND _____ NAME OF BUSINESS: _____
VS. _____ NAME OF CONTACT: _____
CASE NUMBER: _____ BUSINESS ADDRESS: _____

CHARGE(S): _____ TELEPHONE: (H) _____ (W) _____

1) AS A RESULT OF THIS INCIDENT, THE ABOVE NAMED BUSINESS INCURRED THE FOLLOWING: (CHECK ALL THAT APPLY)

MONETARY LOSS _____ IF MONETARY LOSS, PLEASE INDICATE AMOUNT \$ _____

PROPERTY LOSS _____ IF PROPERTY LOSS, PLEASE INDICATE PROPERTY NOT RECOVERED AND MONETARY VALUE OF THE PROPERTY.

\$ _____
\$ _____
\$ _____

PROPERTY DAMAGE _____ IF PROPERTY DAMAGE, PLEASE INDICATE THE ITEM(S) DAMAGED AND THE REPAIR EXPENSE(S)

\$ _____
\$ _____
\$ _____

2) DID THE BUSINESS FILE A CLAIM WITH THEIR INSURANCE COMPANY? YES ___ NO ___
IF YES, PLEASE COMPLETE THE BUSINESS INSURANCE PROVIDER'S INFORMATION:

NAME OF INSURANCE COMPANY _____
POLICY NUMBER _____
ITEMS COVERED _____

AMOUNT OF DEDUCTIBLE _____
AMOUNT OF REIMBURSEMENT _____

3) AS A REPRESENTATIVE OF THE ABOVE-MENTIONED BUSINESS, PLEASE PROVIDE SOME INPUT REGARDING THE SENTENCING OF THE DEFENDANT. (YOU MAY ATTACH AN ADDITIONAL STATEMENT)

SIGNATURE AND TITLE/AUTHORIZED PERSONNEL

DATE