

Incident Report

Date of Report _____ Date of Incident _____ Time _____ AM/PM

Property _____ Weather Condition _____

(Do not abbreviate)

Property Address _____
Street City State Zip Code

Type of Incident: Criminal Potential/Injury Water Damage Other Damage
(Circle one or more and mark out the rest)

(In the event of an injury, notify the Risk Administrator immediately via telephone and the President and EVP via email)

Crime Alert (Circle one) has been will be will not be sent

If you circled "will not be" explain why _____

Name of Injured Party _____

(Circle one) Resident Homeowner Occupant Guest unknown

Injured Party Address _____
Street City State Zip Code

Occupant/Resident Name(s) _____

Occupant/Resident Address _____
Street City State Zip Code

Occupant/Resident Phone Number (h) _____ (w) _____

Location where incident occurred _____

List the unit numbers, occupants/owners of other units damaged; if water damage – note size of area affected

Name of any Witness _____

Witness Address _____
Street City State Zip Code

Witness Phone Numbers (h) _____ (w) _____

Police Report # (attach copy also) _____

Claimant/Witness statement attached? (Circle one) YES NO

Name of person taking report _____ Phone Number _____

Original pictures (Circle one) attached will follow

Manager's signature (if available) _____

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Corporate Use Only

Date received: Copy/Fax _____ Original _____

Insurance Agent _____ Notified On: _____

_____ Record Only _____ Insurance Claim _____ R. Adm _____ Pres _____ EVP. _____ RM

Incident Report for Resident Injury or Property Damage

Description of what happened (Detail who, what, when, how)

Attach Police Report (Get officer's name and badge number)

Are there any employees who have additional information regarding the incident? If so, list the witness names and additional information.

Action taken in response to the condition

Comments