

**INCIDENT REPORT FORM**

Property Name: D/B/A \_\_\_\_\_ CORP \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Claimant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Claimant Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of Incident (i.e. Lobby, Room 214, front stairs): \_\_\_\_\_

Description of Incident (attach additional sheets if necessary): \_\_\_\_\_

Witness(s) Description of Incident (attach additional sheets if necessary): \_\_\_\_\_

Witness (s) Name, Address, Phone Number: \_\_\_\_\_

Authorities Contacted; Report No.; Phone No.: \_\_\_\_\_

**Injured parties**

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.; \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.; \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.; \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

**PROPERTY DAMAGE REPORT**

Location of Damage (i.e. Room 214, outside rear wall, etc.) \_\_\_\_\_

Describe Damage to Property (i.e. hole in wall, smoke stains, etc): \_\_\_\_\_

Describe Cause of Damage (i.e. car backed into wall; Hurricane Wilma, tree fell etc) \_\_\_\_\_

Authorities Contacted; Report No.; Phone No.: \_\_\_\_\_

Witness (s) Name, Address, Phone Number: \_\_\_\_\_

**Name of person completing report** (please print): \_\_\_\_\_

<p><b><u>Report all incidents to:</u></b> J. Curtis &amp; Associates PO Box 953458 Lake Mary, FL 32795 Phone (407) 377-1001 Fax (866) 592-4211</p>
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