

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 Ian, tree fell etc) _____

Authorities Contacted; Report No.; Phone No.: _____

Witness (s) Name, Address, Phone Number: _____

Name of person completing report (please print): _____

Report all incidents to:

J. Curtis & Associates PO Box 953458

Lake Mary, Fl 32795

Phone (407) 377-1001 Fax (866) 592-4211