

INCIDENT REPORT FORM

(For Residents, Renters, Guests, Customers, Vendors, and General Public)

Name of Claimant: _____ Date of Birth: _____ Home Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Sex (Circle One): Male Female Marital Status (Circle One): Single Married

Was Medical Treatment Received? (Circle One): Yes No

Name of Provider: _____ Phone Number of Provider: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Occurrence: _____ Time: _____ Location: _____

Description of Occurrence: _____

Address of Location of Occurrence: _____

Nature of Injury: _____ Part of Body Injured: _____

Did Individual Slip & Fall or Trip? _____ Was Area Inspected? _____ Pictures Taken? _____

Nine of Witnesses, If Any:

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

Additional Comments: _____

Signature of Person Completing Form: _____ Date: _____

Position/Title in the Club: _____ Time: _____

Upon completion of this form, send it to : Susan Gendrich at susan.gendrich@robson.com or fax to (480) 895-4320.

Send any pictures, preferable digital, with this report that were taken of the site/location or the accident/incident.

Original to HOA Office.