



RESIDENT – DAMAGES/INCIDENT CLAIM FORM

Contact Information:

Name of Owner or Tenant (Specify): _____

Complete Mailing Address: _____

Telephone: Work _____ Home _____

Incident Report Details:

Date and Time of Incident: _____

Location : _____

Description or Type of Incident (Indicate Room(s) Affected): _____

Damages/Injuries Incurred: _____

If injured, did claimant go to the hospital: Yes _____ No _____

Name of witness to incident (if applicable): _____

Was the Township notified of the incident? Yes No Date: _____

Did the Township respond to the incident? Yes No

Did a Contractor respond to the incident? Yes No

If so, list names

NAME/COMPANY	DEPARTMENT	DATE

List of damages – Check if Quote or Invoice attached

Yes

No

Comment/Information:

Was first aid rendered? (Circle) Yes or No

Was 911 called to respond to the incident? (Circle) Yes or No

If yes, please describe in detail below. (Who called 911? If possible, provide name and phone number of that individual.)

Report taken by: _____

Signature

Date of Submission

Department Head Signature

Date

CAO Initials

FORM MUST BE COMPLETED AND RETURNED WITHIN 10 DAYS OF THE INCIDENT!

**PLEASE SUBMIT THIS COMPLETED REPORT
WITHIN 24 HOURS OF THE INCIDENT TO:**

**MANAGER
GENERAL MANAGER
CHIEF ADMINISTRATIVE OFFICER**

I agree to allow pertinent personal information contained on this form to be used by the departments or institutions affected by the claim and by such individuals, specifically adjusters or legal counsel that could reasonably be expected to require such information.

_____ **Date**

_____ **Signature**

OFFICE USE ONLY:

C.A.O Notified: _____

Date: _____

Time: _____

Comments: _____