



## 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:

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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**

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**OFFICE USE ONLY:**

**C.A.O Notified:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Comments:** \_\_\_\_\_