

SUN CITY GRAND COMMUNITY ASSOCIATION, INC.
Report Form For Incidents Involving Non-Employees
Privileged and Confidential

Directions:

This Report Form must be filled out promptly and submitted to the attention of “General Manager’s Office” at the Palm Center whenever any accident is identified for a Non-Employee. Use a separate form for each injured Non-Employee.

If an employee is assisting in the completion of the form, the employee must hand-deliver to the General Manager’s Office immediately. If an employee is not assisting in the completion of the form, the Non-Employee is requested to deliver the form to the General Manager’s Office the first day the office is open following the incident (office hours are Monday-Friday, 9:00 am – 4:00 pm).

Injury Report Form

Date of Report _____ Date of Incident _____ Time of Incident _____

Location where injury occurred: _____

City _____ State _____ Zip _____

Did the injury occur on Homeowners’ Association Property? Yes _____ No _____ CAM Membership # _____

Injured Party Name: _____ Birth Date _____ male _____ female _____

Home Address _____

City _____ State _____ Zip _____ Phone (H) _____ (W) _____

Was first aid administered? Yes _____ No _____ if yes, by whom? _____

Were paramedics called? Yes _____ No _____ Did paramedics respond? Yes _____ No _____

If Minor – Parent/Guardian’s Name _____

Description of accident: _____

Description of injury: _____

Is injured party an employee of a subcontractor or supplier? Yes _____ No _____ Name of sub/supplier _____

Did an unsafe act by any person (including the injured party) contribute to or cause the incident? Yes _____ No _____

If yes, identify persons involved _____

Was the location inspected immediately after incident? Yes _____ No _____ By Whom and When? _____

Describe the lighting conditions at time of incident (e.g., natural light, dusk, dawn, artificial light) _____

Describe the weather conditions at the time of incident (e.g., clear, hazy, fog, rain, sleet, snow, ice) _____

Enclose copies of diagrams, literature, photographs, etc. of the location where incident occurred. Complete witness information on page 2.

Advanced medical attention refused: _____

Signature of Injured Party

(complete all pertinent sections)

Witness Information - Personal Injury

List Manager on duty at the location at the time of the incident: _____

List the names of all other CAM employees who witnessed the incident: _____

Other Witnesses: Name #1 _____	Name #2 _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____

Other Witnesses: Name #3 _____	Name #4 _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____

REPORT PREPARED BY: Name _____ Title _____
Address _____ City _____ State _____ Zip _____
E-mail address _____ Phone (H) _____ (W) _____