

Incident/Accident Report

This 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 involving a Member. Use a separate form for each injured Member.

Personal Injury

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's Name: _____

Birthdate: _____ 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.

Signature of Injured Party

Advanced medical attention refused: _____
Signature of Injured Party

(complete all pertinent sections)

Witness Information - Personal Injury

List monitor 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: _____

Address: _____

Contact Information: _____

Name #2: _____

Address: _____

Contact Information: _____

Name #3: _____

Address: _____

Contact Information: _____

Name #4: _____

Address: _____

Contact Information: _____

REPORT PREPARED BY: Name: _____ Title: _____

Address: _____

Contact Information: _____