



## INCIDENT REPORT FORM

### Personal Information

First Name:		Last Name:	
Organization/Business Name (if applicable):			
Address:			
City:	Province:	Postal Code:	
Telephone:	Cell Phone:		
Email Address:			

### Incident Information

Date of Incident (YYYY/MM/DD):		Time:	AM / PM
Location of Incident:			
Details and Description of Incident:			
<b>Personal Injury</b>	<b>Vehicle Damage</b>	<b>Property Damage</b>	<b>Other</b>

### Injury/Damage Information

<b>Personal Injury</b>	Cause of Injury:			
	Footwear at time of Incident:			
	Medications at time of Incident:			
	Police Called:	Yes ___	No ___	Police Report No.:
	EMS Called:	Yes ___	No ___	EMS Occurrence No.:
	First Aid:	Yes ___	No ___	Provider Name(s):
	Medical Care:	Yes ___	No ___	Date: Location:



Vehicle Damage	Cause of Damage:			
	Vehicle Year:		Vehicle Make:	
	Mileage:		Owner:	
	Driver:		Passengers:	
	Direction of Travel:		Speed:	
	Weather:		Road Conditions:	
	Construction in the Area:	Yes ___	No ___	Contractor:
	Police Called:	Yes ___	No ___	Police Report No.:
	Auto Insurer Notified:	Yes ___	No ___	Insurer:
	Property Damage	Cause of Damage:		
Construction in the Area:		Yes ___	No ___	Contractor:
Survey of Pre-Construction Condition:		Yes ___	No ___	Date:
Police Called:		Yes ___	No ___	Police Report No.:
Home Insurer Notified:		Yes ___	No ___	Insurer:
Other				
Details of Loss:				
Cause of Loss:				

**Witnesses**

Name:		Name:		Name:	
Address:		Address:		Address:	
Telephone:		Telephone:		Telephone:	
Email:		Email:		Email:	



**Supporting Documents Attached (e.g. photographs, invoices, medical records, witness statements, etc.)**

1.	
2.	
3.	
4.	
5.	

Personal information on this form is collected pursuant to the *Municipal Act, 2001* and will be used for the purpose of administering your claim. Questions about the collection of this information should be directed to the Town Clerk.

**By signing and submitting this Incident Report Form you confirm that the information provided is true and that you understand that this request for information does not constitute an acceptance of your claim by the Town of Pelham.**

Date (MM/DD/YYYY):	Signature:
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