



Country Aire Estates M.H.P.

Incident/Accident Report Form

Incident Date: _____

Incident Time: _____

Injured Person's Name: _____

☐ Male

☐ Female

DOB: _____

Address: _____ Lot #: _____

Phone: _____ Cell: _____

Details of Incident: (please provide as much information as possible, including exact location, conditions of area, lighting, demeanor/mindset of injured party, remarks made after incident occurred, etc. Include photo's if needed.) _____

Type of Injury Sustained: _____

Does injury require Hospital/Physician?

☐ Yes

☐ No

Hospital Name: _____

Address: _____

Phone: _____

Injured Party Signature: _____

Date: _____

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Office Hours M – F, 9 am to 1 pm

For Office Use Only

Incident/Accident Report Investigation

Accident Investigated by: _____

Date: _____

Report Prepared by: _____

Date: _____

Inspection of Premises

Location inspected after incident/accident? ☐ Yes ☐ No Exact Time: _____

Inspected by: _____

Photos taken of location? ☐ Yes ☐ No If yes, please attach to this report.

Condition of location: ☐ Clean ☐ Dry ☐ Puddles ☐ Foreign Substance/Obstruction

Flooring Type: _____

Lighting Condition of location: _____

Describe any defects: _____

Weather conditions at the time when the incident/accident occurred: _____

Additional Notes: _____

Witness Report

(attach additional sheets if necessary to provide complete information or to provide more than one witness statement.)

Name: _____

Address: _____ Lot #: _____

Condition of location: ☐ Clean ☐ Dry ☐ Puddles ☐ Foreign Substance/Obstruction

Lighting Condition of location: _____

Describe any defects: _____

Weather conditions at the time when the incident/accident occurred: _____

Injured party wearing glasses? ☐ Yes ☐ No

Type of shoes wearing at time of incident: _____

Carrying any packages: ☐ Yes ☐ No

Were you there when the incident/accident occurred? ☐ Yes ☐ No

Describe the accident, please be as descriptive as possible: _____

Injured party's comments/attitude: _____

Signature: _____

Date: _____

[illegible]