

**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) \_\_\_\_\_