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Incident Report

Use this form to report all potential injuries and property damage that occur on or around the property. Answer all of the questions on this form in full. Attached is an extra sheet of paper if you need more space to answer the questions below or to add comments. When Completed return the form immediately. **If this is snow/ice slip or fall please attach a copy of snow/ice removal log.**

Name of Owner _____ Phone _____

Name of Property _____

Address _____

Contact Person For Claim _____ Phone _____

Email _____

Date of Incident: _____ Time of Incident: _____

Location of Incident _____

Address & Floor/Apt # _____

City State & Zip Code _____

Name Address & Telephone Number of every witness to the incident:

Name Address & Telephone number of Injured Person:

Sex, Age and Occupation of "Injured" Party: _____

Is the "Injured" party a resident? YES / NO (circle one) if "NO" what was the "Injured" party doing in the building at the time of the incident?

Describe the incident as you or any witnesses observed it: _____

Describe the Injury: _____

Describe the Property Damage: _____

Describe the cause of the Damage: _____

