



**LIABILITY INCIDENT REPORT FORM**

1. Insured Name: Sun City Festival Community Association  
2. Location/Address: Sage Recreation Center, 26501 W. Desert Vista Blvd., Buckeye, AZ 85396

3. Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Location:

Description of Occurrence:

Did Claimant Slip & Fall or Trip?

Was Area Inspected? \_\_\_\_\_ Pictures Taken? \_\_\_\_\_

Foreign Matter or Debris found on Court?

Describe:

4. Claimant Name:

Phone:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address:

Injuries:

Medical Care? \_\_\_\_\_ Ambulance called? \_\_\_\_\_

Hospital or Doctor?

5. Witness1 Name:

Phone:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address:

Witness 2 Name:

Phone:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address:

6. Additional Remarks:

Report Prepared by: \_\_\_\_\_ Report Date: \_\_\_\_\_  
Submit to: Director of Player Development, Ila Haas: imhaas258@gmail.com