

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 form to: admin@scfpickleballclub.com

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