

Sun City Oro Valley  
**Incident Report**



(SUBMIT THIS REPORT TO THE ACTIVITY DIRECTOR IMMEDIATELY UPON COMPLETION)

Individual Completing Form (print) \_\_\_\_\_ Date of Incident \_\_\_\_\_

Individual Completing Form (signature) \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Type of Report  Accident  Code of Conduct  Theft  Abuse to Resident or Employee  Other \_\_\_\_\_

Was 911 called?  Yes (fill out this form, SKIP "Refused 911".)  No (fill out this form **INCLUDING** "REFUSED 911".)

Police report number \_\_\_\_\_

**REFUSED 911** - A staff member wanted to call emergency services (911) and I have refused. I was injured on the property of Sun City Oro Valley Community Association, Inc. on \_\_\_\_\_.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Individual Involved in Incident** \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Staying at \_\_\_\_\_ Until \_\_\_\_\_

**Incident Information**

Location of incident? \_\_\_\_\_

Any injuries? Yes  No  If yes, describe \_\_\_\_\_

If transported off-premises, to where? \_\_\_\_\_ by whom?  EMT  Other, explain \_\_\_\_\_

How did it happen? (use back, if needed) \_\_\_\_\_

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-----Office use-----

Follow Up Report \_\_\_\_\_