

**Resort Village of Pelican Pointe
INCIDENT REPORT
(Physical Injury / Property Damage)**

PERSONAL INFORMATION:

Person's Last Name	Person's First Name	Date of Report
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INCIDENT:

Date of Incident	Time of Incident	
Name of Persons involved (please include witnesses)	Detailed description of incident (please use the reverse if you need more space):	

SEVERITY LEVEL OF PERSONAL INJURY OR PROPERTY DAMAGE

1	a) No property damage or physical injury b) Requires action by council to remedy
2	a) Property damage < \$5,000 b) Minor First-Aid administered / extreme fear for personal safety
3	a) Property damage > \$5,000 but less than \$15,000 b) First-Aid required / visit Hospital or Health Care Provider (Provide details below)
4	a) Property damage >\$15,000 b) Extreme injury / stay In Hospital (Provide details below)
Did the person receive first-aid or other medical treatment? Yes No	If yes please describe the care administered
Did the person go to the hospital or Health Care Provider: Yes No	If yes please provide Hospital injury report
Signature	Date