



Oceanside Community Association
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INCIDENT REPORT

**Please complete this report and attach a separate page if necessary.
 Provide photos and police/fire reports if available and submit ASAP.**

Date of Incident ____/____/____ Time _____ a.m. / p.m.

Incident reported on ____/____/____ to _____

***** **INCIDENT DETAILS** *****

Person(s) involved _____

Address _____ Phone (____) _____

Location where the incident took place:

Description of incident: who, what, where, why

Were emergency services contacted? **Oside Police Dept** - Yes No / **Oside Fire Dept** - Yes No
 If so, what was the outcome?

Injuries: Please give as many details as possible. Was anyone hospitalized? Yes No
 (If hospitalized, who and where)

Witness(es)

Name _____ Name _____

Address _____ Address _____

Phone (____) _____ Phone (____) _____

Report filed by (print) _____ **Date** ____/____/____

Email _____ Phone (____) _____