



Oceanside Community Association
 550 Vista Bella, Oceanside CA 92057
 760-757-3937 Phone
 760-757-8177 Fax
 www.oceanaseniors.org
 Email: office@ocaoffice.org

INCIDENT REPORT

**Please complete this report and attach a separate page if necessary.
 Provide attach all documentation relevant to the incident
 including photos, bills, invoices and police/fire reports if available.
 Submit ASAP.**

Date of Incident ____/____/____ Time _____ a.m. / p.m.
 Incident reported on ____/____/____ to _____
Reported by _____ Title _____
 Email _____ Phone (____) _____

LOCATION Where the incident took place:

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

Person(s) involved or Person(s) knowledgeable of the incident:

<p>___Injured ___Involved ___Witness</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone (____) _____</p>	<p>___Injured ___Involved ___Witness</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone (____) _____</p>
<p>___Injured ___Involved ___Witness</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone (____) _____</p>	<p>___Injured ___Involved ___Witness</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone (____) _____</p>

TYPE OF INCIDENT _____ Accident / Injury _____ Property Damage _____ Loss / Theft
 _____ Natural Disaster _____ Other (Please specify) _____

Description of incident: Please provide a description of the incident that took place.

Include whatever information you know - who, what, where, when, why

IN CASE OF INJURIES

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

Injuries: Name _____ Name _____
 Injury _____ Injury _____
 Phone (_____) _____ Phone (_____) _____

Hospital: Was anyone hospitalized? Yes No If so, who? _____
If hospitalized, who and where?

IN CASE OF PROPERTY DAMAGE

Description of damaged property _____
Location _____
Estimated repair or replacement cost _____

IN CASE OF LOSS OR THEFT (Only submit if police report has been filed.)

Description of stolen property _____

Estimated value of stolen items _____

.....
ADDITIONAL INFORMATION

ACTION(S) TAKEN

Please describe actions taken following the reported incident. (Who was told, what and when.)

ADDITIONAL INFORMATION

Please provide any additional details you wish to include in this incident report.

Signature of Reporting Party _____ Date ____/____/____

OCA Use Only	
Received by _____	Follow-up action taken by _____
Date ____/____/____	Date ____/____/____
Signature _____	Describe outcome