

Somersworth Housing Authority

REPORT OF ACCIDENT / INCIDENT

Date of Accident / Incident: _____ Time: _____ AM or PM

Location: (please detail, use back side if needed)

Person Involved: _____ Age: _____ Male or Female

Address: _____

Phone Number: _____ Tenant: Yes or No

If minor, list parent / guardian: _____ Tenant: Yes or No

DESCRIBE ACCIDENT / INCIDENT & INJURY AND/OR PROPERTY DAMAGE, IF ANY: (use back side if needed)

Injury requires physician / hospital visit? Yes (Date of Visit: _____) or No or Declined

Weather and surface conditions: (use back side if needed) _____

Describe Footwear at time of accident/incident: _____

Witness name, address, & phone number: (use back side if needed)

SIGNATURE & DATE: _____

PRINT NAME: _____

SHA STAFF USE:

Date Report Received & By Whom: _____

Date Verbal Notification & To Whom: _____

Actions Taken: _____