



THE CORPORATION OF THE CITY OF SARNIA

Legal Department

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www.sarnia.ca

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INCIDENT REPORT FORM

Name: _____

Address: _____

Street

Apt

City

Postal Code

Telephone: _____

Home

Cell

Business

DETAILS OF INCIDENT

1. Date of Incident: _____

2. Time of Incident: _____

3. Location: _____

4. Details (use reverse if necessary)

Signature: _____ Date: _____

Attachments: No ___ Yes ___ Description: _____

Is the claimant a minor? (less than 18) No ___ Yes ___

If yes, please specify Date of Birth _____

OFFICE USE ONLY

Received by: _____ Date: _____ Time: _____

Date Forwarded to Insurer: _____