



KOKO ISLE INCIDENT REPORT

A copy of this report is to be submitted to the Resident Manager and/or the Board of Directors within 24 hours after the incident.

Submitted by: (print) _____ Date: _____

Address: _____ Telephone: _____

Nature of incident:

HOUSE FIRE _____	PROPERTY DAMAGE _____	THEFT/BURGLARY _____
CARPORT FIRE _____	WATER DAMAGE _____	BODILY INJURY _____
BOAT FIRE _____	WIND DAMAGE _____	DEATH _____
AUTOMOBILE FIRE _____	SPEEDING _____	
VANDALISM _____	OTHER (DESCRIBE) _____	

Date of incident _____ Time of incident (AM/PM) _____

Weather conditions _____

Location of incident:

COMMON AREA _____ UNIT # _____ OTHER (DESCRIBE) _____

POLICE NOTIFIED (YES/NO) _____ POLICE REPORT FILED (YES/NO) _____

INJURIES (YES/NO) _____ AMBULANCE REQUIRED (YES/NO) _____

List extent of any injuries: _____

_____ (continued on back of page)

Describe report in detail: (Include who, what, where, when and how. Give names, addresses, telephone numbers, vehicle identification, etc.) _____

_____ (use additional paper if needed)

Signature of person filing report

Date

Print name

Phone Number

Owner _____ Tenant _____ Guest _____ (Do not write below line)

Received by _____ Res. Mgr. Date _____ Time _____

Distributed to Board of Directors: Date _____ Time _____

Action taken _____