

GUEST OR RESIDENT INCIDENT REPORT

INSURED: *HERONS GLEN RECREATION DISTRICT*  
*Attention: Human Resources*  
*2250 Avenida Del Vera, Suite 100*  
*North Fort Myers, FL 33917*

Contact Person @ Herons Glen Recreation District: *Human Resources*

TELEPHONE: 239-731-4530 Facsimile 239-567-2823

DATE & TIME OF ACCIDENT: \_\_\_\_\_

INJURED PARTY: \_\_\_\_\_

ADDRESS OF INJURED PARTY: \_\_\_\_\_

TELEPHONE NUMBER OF INJURED PARTY: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If additional space is required, use the reverse side of this form.)*

LIST WITNESSES WITH ADDRESS AND TELEPHONE FOR EACH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If additional space is required, use the reverse side of this form.)*

Injured Party Requested Medical Attention.

Injured Party Declined Medical Attention.

Name and Phone Numbers of Person(s) to be notified if injured party is taken by ambulance to a medical facility:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Recording Incident

\_\_\_\_\_  
Signature of Injured Party

\_\_\_\_\_  
Address and Telephone

\_\_\_\_\_

THIS REPORT TO BE PRESENTED TO Human Resources IMMEDIATELY