

FORM 1



The Municipal Corporation of the
Town of Fort Erie

INCIDENT REPORT/CLAIM FOR DAMAGES

TO: Manager, Procurement, Finance and Risk
Town of Fort Erie
1 Municipal Centre Drive
Fort Erie, ON L2A 2S6

EMAIL: rmartins@forterie.ca
FAX: 905-871-9984

- I wish to report an incident, OR
- I wish to submit a claim for damages by filing this form with the Town of Fort Erie.

NAME: Mr. Mrs. Ms. Miss _____

ADDRESS: _____

_____ TELEPHONE: _____
 City Province Postal Code Home

_____ EMAIL: _____
 Business Cell

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

LOCATION: _____

Description of Injury/Damage: _____

First Aid Given: YES NO Ambulance Called: YES NO

DETAILS: Please provide **SPECIFIC** information regarding incident. (Use separate sheet, if required)

ATTACHMENTS: (estimates, receipts, photographs, etc.) YES NO FORTHCOMING

OTHER DETAILS: Medication taking: _____

Weather Conditions: _____ Your Footwear: _____

SIGNATURE: _____ DATE: _____

Witness 1:

Name: _____

Address: _____

Phone Nos. _____

Witness 2:

Name: _____

Address: _____

Phone Nos. _____

NOTE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The personal information on this form is collected under the authority of the *Municipal Act*. The information is used solely for the purpose of processing the Personal Injury/Property Damage Claim and will be supplied to the Town of Fort Erie's Insurance Adjuster. Also, if the alleged damages might have occurred as the result of work being performed by a contractor on behalf of the Town or a public utility, this information will be shared with the relevant contractor who may forward to their insurance provider. Questions about this collection of information can be made to the Record's Coordinator at 905-871-1600 ext. 2214.

RISK MANAGEMENT OFFICE NOTATION: Date Received: _____
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