



## Citrus Grove Tenant Incident Report

REPORTED BY: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

TITLE / ROLE: \_\_\_\_\_

INCIDENT NO.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REPORTED TO: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

### SECURITY INCIDENT INFORMATION

INCIDENT TYPE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

PROPERTY NAME: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

SPECIFIC AREA OF INCIDENT (*grounds, shared hallway, apt. number, etc.*): \_\_\_\_\_

SPECIFIC AREA OF RESIDENCY (*if applicable*): \_\_\_\_\_

INCIDENT DESCRIPTION:

### PROPERTY DAMAGE DESCRIPTION

PROPERTY DAMAGE DESCRIPTION	
ITEM DAMAGED	
DESCRIPTION OF DAMAGE	
ESTIMATED VALUE	
ITEM IMAGE & INCIDENT IMAGE	Provide link or attach image, including photographer name



PERSONAL INJURY DESCRIPTION					
HEAD			LEFT	RIGHT	DESCRIPTION OF INJURY
FACE		SHOULDER			
NECK		ARM PIT			
UPPER BACK		UPPER ARM			
LOWER BACK		LOWER ARM			
CHEST		ELBOW			EVENTS LEADING TO INJURY
ABDOMEN		WRIST			
PELVIS / GROIN		HAND			
LIPS		BUTTOCKS			
TEETH		HIP			
TONGUE		THIGH			EXISTING PHYSICAL CONDITIONS OR IMPAIRMENT
NOSE		LOWER LEG			
FINGERS		KNEE			
TOES		ANKLE			
OTHER:		EYES			
OTHER:		EARS			

**PERSONAL INJURY TREATMENT (If applicable):**

PROFESSIONAL MEDICAL TREATMENT REQUIRED? YES:  NO:

HOSPITAL:

PHYSICIAN:

AMBULANCE / FIRST RESPONDER:

INSURANCE IF CONTRACTOR OR THIRD PARTY AT FAULT:

**NAME / CONTACT OF PARTIES INVOLVED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WITNESS NAME / CONTACT:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

POLICE REPORT FILED? \_\_\_\_\_

PRECINCT: \_\_\_\_\_

REPORTING OFFICER: \_\_\_\_\_

PHONE: \_\_\_\_\_



**OFFICE USE ONLY:**

**FOLLOW-UP ACTION:**

[A large, empty light blue rectangular box intended for follow-up action notes.]

**SUPERVISOR  
NAME:** \_\_\_\_\_

**SUPERVISOR  
SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_