THE CORPORATION OF THE CITY OF SARNIA
Legal Department
255 Christina Street N. PO Box 3018
Sarnia, ON Canada N7T 7N2
519-332-0330 (phone) 519-332-3995 (fax)
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www.sarnia.ca **legal@sarnia.ca**

INCIDENT REPORT FORM

Name: _____

Address: _____ _____
Street **Apt**

_____ _____
City **Postal Code**

Telephone: _____ _____ _____
Home **Cell** **Email**

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:_____