



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)

Once complete email this form to legal@sarnia.ca

CITY OF SARNIA - INCIDENT REPORT FORM

Name		Phone #
Address		Email Address
City	Postal Code	

INCIDENT INFORMATION (Please complete all fields where applicable)

Date	Time (am/pm)	Weather conditions
Location		Nearest intersection

TYPE OF INCIDENT

<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> Sewer Back-Up <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Fallen tree <input type="checkbox"/> Other: (please indicate)	<input type="checkbox"/> INJURY Medical Treatment received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Doctor:	
<i>Was a motor vehicle involved?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OTHER:	
Vehicle year	Make	Model

DETAILS

(Please describe the incident)

What is the estimated value of loss/damage?

Is the claimant a minor (under 18 years of age)? If yes, please indicate date of birth: _____

<i>Claimant Signature</i>	<i>Date</i>	<i>For Office Use Only:</i>
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Please provide/attach photos, invoices, and any other relevant documentation in support of your claim where available.

Please note that claims which are not delivered to the City Clerk within ten (10) days from the time injury or damages were sustained may be statute barred. Also note that legal action which is not brought or commenced within two years from the time injury or damages were sustained may be statute barred.