

Distribution	SUBJECT	Date
	INCIDENT REPORTS	09-01-2014

Incident Reports are to be completed by the Project Manager whenever any unusual event takes place at the job. This would include the following:

1. Theft
2. Vandalism
3. Fire
4. Storm Damage
5. Injury to a Non-Employee
6. Violence
7. Observance of Suspected Criminal Activity, such as drug use
8. Conflict between Subcontractors
9. Threats made by Subcontractors or their employees against the Property or FDC
10. Conflict with resident such as denial of entry

The Incident Report should be completed immediately after the occurrence and faxed to the main office. The original should be mailed to the main office and a copy kept at the job site.

The Project Manager should attach photos, police reports, detailed material estimates, etc. to the incident report.

EXAMPLE

PROJECT 14 FILE CODE 01a

Project # 14 Apt. # _____

INCIDENT REPORT

(TO BE COMPLETED BY RESIDENT IF POSSIBLE)

NAME: Oakbrook Villas

ADDRESS: 11703 SE 57th Ave Belleview FL 34420

HOME TELEPHONE: 352-245-7977 WORK TELEPHONE: 352-245-7977

DATE OF INCIDENT: 07/29/2014

APPROXIMATE TIME OF INCIDENT: 7:00 pm

BRIEF DESCRIPTION OF WHAT HAPPENED. (STATE FULLY HOW THE INCIDENT HAPPENED. IF AN AUTOMOBILE WAS INVOLVED, GIVE SPEED, DIRECTION, LOCATION AND FULL PARTICULARS):

A speeding car came down 57th ave and ran his car directly into the entrance sign. It destroyed one concrete pillar and the new Oakbrook Villas sign. It is believed this person did so intentionally. Please see email with photos attached for a more detailed description of the incident.

INJURED PERSON(S) - IF MORE THAN ONE, GIVE INFORMATION ON EACH:

NAME: _____

ADDRESS: _____

AGE: _____ SEX: _____ TELEPHONE: _____

EXTENT OF INJURY: _____

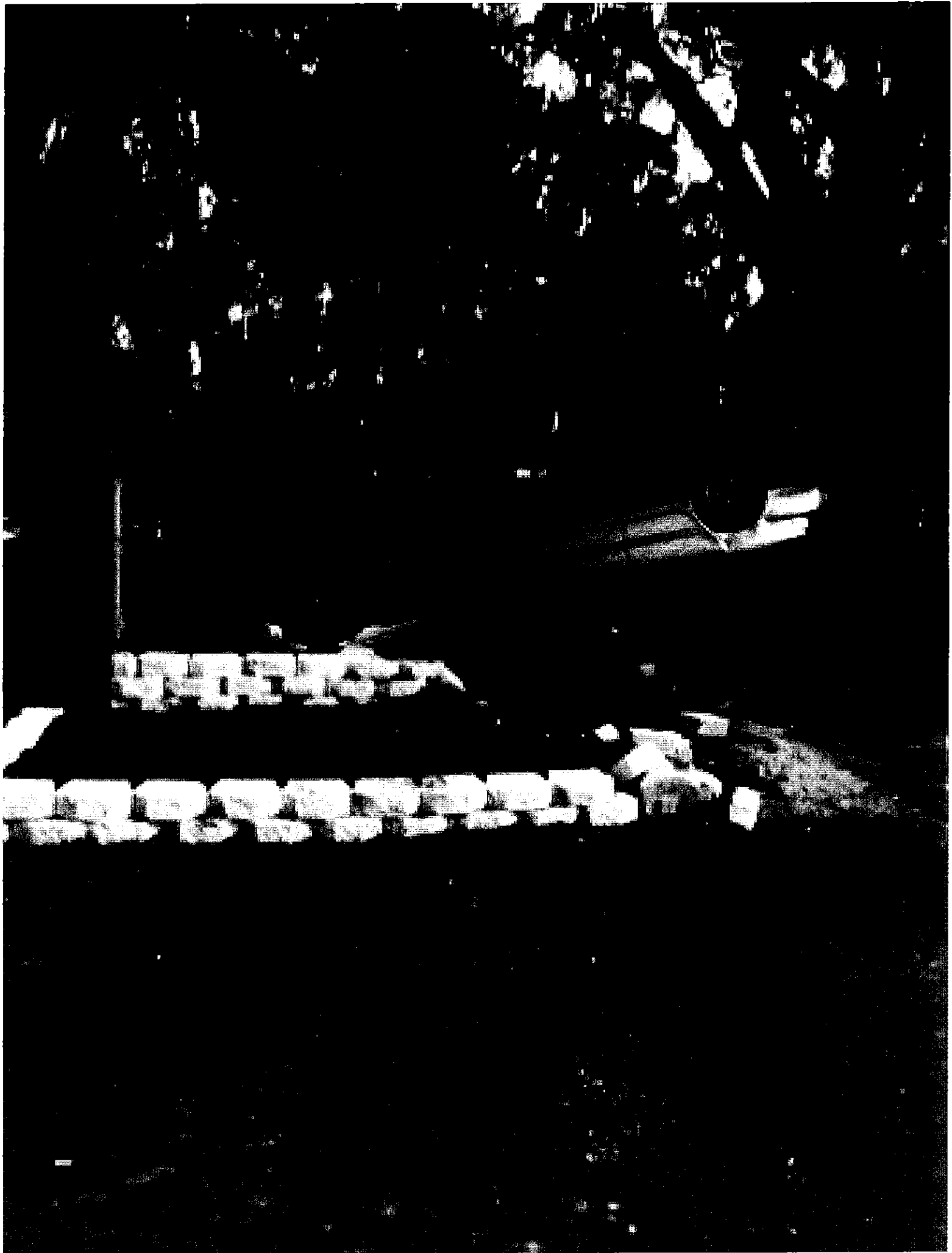
SIGNED: [Signature]

DATE: 07/30/2014

Attach copies of reports and photographs

cc: FMC File

R-10 - 02.23.11



EXAMPLE

Project # 14 Apt. # _____

LOSS/DAMAGE FORM

(TO BE COMPLETED BY RESIDENT IF POSSIBLE)

RESIDENT NAME: Oakbrook Villas

ADDRESS: 11703 SE 57th Ave Belleview FL 34420

TELEPHONE: (352) 245-7977 WORK TELEPHONE: _____

DATE OF DAMAGE OR LOSS: 07/29/2014

APPROXIMATE TIME OF DAMAGE OR LOSS: 7:00 pm

DESCRIBE PROPERTY DAMAGE CLAIMED OR LOSS: _____

car ran into cement pillar and Oakbrook sign destroying both.

APPROXIMATE VALUE OF LOSS: \$ 5000.00

BRIEF DESCRIPTION OF WHAT HAPPENED: a speeding car came down the street and drove his car directly into our entrance sign, ruining the concrete pillar and the sign.

SIGNED: *Suzanne Martin*

DATE: *July 30, 2014*

Attach copies of reports and photographs

cc: FMC File

R-11 - 11.28.99