

SANDPIPER GOLF AND COUNTRY CLUB, INC.

ACCIDENT/INCIDENT REPORT

ALL ACCIDENTS ON SANDPIPER POA PROPERTY (CLUBHOUSE, RECREATION CENTER, SWIMMING POOLS, TENNIS COURTS, OR ANY OTHER COMMON GROUNDS SHOULD BE SUBMITTED AS SOON AS POSSIBLE TO THE POA ADMINISTRATION OFFICE ON THIS FORM.

Name of person/persons injured: _____

Address: _____

Date: _____ Time: _____ Location: _____

DESCRIPTION OF ACCIDENT:

DESCRIPTION OF INJURY:

Did you seek medical treatment? _____ YES _____ NO

If yes, explain the nature of treatment and submit a doctor's report/name.

Name of Witnesses: _____

Signature of injured person: _____ Date: _____

TO BE COMPLETED BY POA:

POA Director assigned to follow up: _____ Date: _____