PARCLAFAYETTE
DETROIT

A CONDOMINIUM COMMUNITY
IN HISTORIC LAFAYETTE PARK

INCIDENT REPORT

Incident Date: _____ **Incident Time: _____**

Reporting Party's Name: _____

Address: _____ **Phone Number: (_____) _____**

Witness(s)

Witness Name: _____ **Phone Number (_____) _____**

Witness Name: _____ **Phone Number (_____) _____**

Personal Injury: Yes _____ No _____ **Property Damage: Yes_____ No _____**

Theft: Yes _____ No_____ **Noise Disturbance: Yes _____ No _____**

Police/Ambulance/Fire Involved: Yes _____ No _____ Police Report Number: _____

Camera Footage Requested: Yes _____ No _____

Other: _____

Incident Description:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Action Taken:

_____
_____
_____
_____
_____

Signature of Person Filing Report: _____ ***Date:_____***

Attach any photos, police reports, and hospital information – (If applicable)