

LeVan Asset Management Corporation
8250 College Parkway, #201
Fort Myers, FL 33919
(239)482-4580
FAX: (239)482-4193

Incident Report

Date of Incident:
Time of Incident/Weather Conditions:
Location of Incident (include property name):
Description of Incident (include cause):
Injury or property damage that occurred:
Name (First, Middle, Last):
Address:
City/State/Zip:
Telephone Number:
Employer name/address/telephone number:
Occupation:
<small>Any person who, knowingly and with the intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F. S.</small> I have reviewed, understand and acknowledge the above statement.
<hr style="width: 50%; display: inline-block; vertical-align: middle; margin-right: 10px;"/> SIGNATURE
<hr style="width: 50%; display: inline-block; vertical-align: middle; margin-left: 10px;"/> DATE