



HILLTOP

**Hilltop Realty Ltd.**

Office: Railwork Commons, 304 Third Street, Unit #106, Strathmore, AB T1P 1Z1  
Mailing: PO Box 2070, Strathmore, AB T1P 1K1 | 403-999-5593 | hilltop.ca

# GENERAL INCIDENT REPORT

*External / Tenant, Occupant, Witness or Contractor Form*

## Instructions for Completion

Complete all relevant sections as soon as possible after the incident. Record facts, observations, dates, names, photographs, and actions taken. If there is an active emergency, danger to life, fire, crime in progress, or urgent medical concern, call 911 or the appropriate emergency service first, then notify management.

## No Admission of Liability / Privacy Notice

This report is for property management, maintenance, insurance, safety, legal, and file-record purposes. Completion, receipt, review, or use of this report does not constitute an admission of liability, fault, negligence, responsibility, or causation by Hilltop Realty Ltd., the owner, a tenant, an occupant, a contractor, or any other party. Provide only information reasonably necessary for the incident record and follow-up.

## 1. INCIDENT BASICS

Property Address		Unit / Area	
Building / Property Name		Report Reference No.	
Date & Time of Incident		Date & Time Reported	
Exact Location		Reported To / Received By	
Method Reported	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Portal <input type="checkbox"/> In Person <input type="checkbox"/> Other	Urgency	<input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> For Record Only

## 2. PERSON REPORTING

Full Name		Relationship to Property	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Occupant <input type="checkbox"/> Contractor <input type="checkbox"/> Neighbour <input type="checkbox"/> Staff <input type="checkbox"/> Other
Telephone		Email	
Address, if different from property		Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Portal

## 3. INCIDENT TYPE - TICK ALL THAT APPLY

<input type="checkbox"/> Injury or medical concern	<input type="checkbox"/> Property damage
<input type="checkbox"/> Water leak, sewer backup, flood, or moisture issue	<input type="checkbox"/> Fire, smoke, electrical, gas, or life-safety concern
<input type="checkbox"/> Security issue, break-in, trespass, or theft	<input type="checkbox"/> Noise, nuisance, or disturbance
<input type="checkbox"/> Weather-related event	<input type="checkbox"/> Maintenance emergency
<input type="checkbox"/> Contractor or service-related issue	<input type="checkbox"/> Insurance claim or potential claim
<input type="checkbox"/> Personal safety concern	<input type="checkbox"/> Other: _____

## 4. INCIDENT NARRATIVE

**Sequence of Events Leading Up to the Incident** *What happened before the incident? Include dates, times, people present, and relevant communications.*

**Description of Incident** *Describe what occurred. Keep to facts and observations where possible.*

**Immediate Action Taken** *Examples: area secured, contractor called, tenant contacted, emergency services contacted.*

<b>Was the area made safe?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Further immediate risk?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>If yes, describe risk</b>		<b>Follow-up requested?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

## 5. CONDITIONS AT TIME OF INCIDENT

<b>Weather Conditions</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Wind <input type="checkbox"/> Extreme Cold/Heat <input type="checkbox"/> Other	<b>Lighting Conditions</b>	<input type="checkbox"/> Good <input type="checkbox"/> Dim <input type="checkbox"/> Dark <input type="checkbox"/> Unknown
<b>Surface / Floor Condition</b>	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Uneven <input type="checkbox"/> Obstructed <input type="checkbox"/> Unknown	<b>Warning Signs / Barriers Present?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
<b>Prior Reports / Complaints?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Camera / Video Available?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Area accessible to tenants/public?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Area secured after incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Additional Notes on Conditions**

## 6. INJURY / MEDICAL / PERSONAL SAFETY DETAILS - COMPLETE ONLY IF APPLICABLE

### Sensitive Information Handling

Only record information reasonably necessary for the incident record and follow-up. If the matter involves threats, violence, harassment, abuse, sexual misconduct, or a serious personal safety concern, management may request a separate Confidential Safety / Harassment / Threat Concern Report.

<b>Person Affected</b>		<b>Telephone</b>	
<b>Address</b>		<b>Relationship to Property</b>	<input type="checkbox"/> Tenant <input type="checkbox"/> Occupant <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Staff <input type="checkbox"/> Other
<b>Relevant mobility/medical factors voluntarily disclosed</b>		<b>Was anything being carried?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Details: _____
<b>First Aid Provided?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes By: _____	<b>Medical Attention Sought?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

## NATURE OF INJURY OR MEDICAL CONCERN

<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain / strain	<input type="checkbox"/> Bruising
<input type="checkbox"/> Burn / scald	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Superficial injury	<input type="checkbox"/> Laceration / cut	<input type="checkbox"/> Pain / discomfort
<input type="checkbox"/> Respiratory concern	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not applicable

## PART OF BODY AFFECTED

<input type="checkbox"/> Head / neck	<input type="checkbox"/> Eyes / face	<input type="checkbox"/> Back / trunk	<input type="checkbox"/> Feet / toes
<input type="checkbox"/> Arms / wrists	<input type="checkbox"/> Hands / fingers	<input type="checkbox"/> Legs / ankles	<input type="checkbox"/> Other: _____

**Injury / Medical / Safety Details** *Include what was observed, what was reported, who was involved, and any immediate response.*

**7. PROPERTY DAMAGE DETAILS - COMPLETE ONLY IF APPLICABLE**

**ITEM(S) OR PROPERTY DAMAGED - TICK ALL THAT APPLY**

<input type="checkbox"/> Flooring	<input type="checkbox"/> Walls
<input type="checkbox"/> Ceilings	<input type="checkbox"/> Trim / baseboards
<input type="checkbox"/> Drapery / blinds	<input type="checkbox"/> Window / glass
<input type="checkbox"/> Door / lock / hardware	<input type="checkbox"/> Appliance
<input type="checkbox"/> Plumbing fixtures	<input type="checkbox"/> Electrical fixtures
<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding / exterior envelope
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Fencing
<input type="checkbox"/> Trees / shrubs	<input type="checkbox"/> Building equipment / mechanical
<input type="checkbox"/> Personal items	<input type="checkbox"/> Common area
<input type="checkbox"/> Parking area / exterior	<input type="checkbox"/> Other: _____

<b>Photos submitted with report?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Photos taken by</b>	
<b>Video submitted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date photos/video taken</b>	
<b>Contractor required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Emergency repair required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Area secured / protected?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Further damage risk?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**Description of Damage** *Identify affected rooms/areas, visible damage, approximate extent, and any immediate concern.*

**Sequence of Events Leading Up to Property Damage**

## 8. NOISE / NUISANCE / DISTURBANCE DETAILS - COMPLETE ONLY IF APPLICABLE

<b>Date &amp; Time of Disturbance</b>		<b>Duration</b>	
<b>Source / Unit / Person, if known</b>		<b>Frequency</b>	<input type="checkbox"/> One-time <input type="checkbox"/> Repeated <input type="checkbox"/> Ongoing <input type="checkbox"/> Unknown
<b>Did you communicate with the person responsible?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not safe / not appropriate	<b>Police / Bylaw contacted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Report / File No.</b>		<b>Was disturbance recorded?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**Description of Noise, Nuisance, or Disturbance** *Include what was heard/seen, duration, frequency, impact, and any witnesses.*

--

## 9. SERVICES, AUTHORITIES OR CONTRACTORS INVOLVED

Service / Authority	Organization / Address	Employee / Contact Person	Contact Number	Case / File / Report No.
<input type="checkbox"/> Police / RCMP				
<input type="checkbox"/> Fire Department				
<input type="checkbox"/> EMS / Hospital				
<input type="checkbox"/> Bylaw Enforcement				
<input type="checkbox"/> Contractor				
<input type="checkbox"/> Insurer / Adjuster				
<input type="checkbox"/> Other				

## 10. WITNESSES AND EVIDENCE

<b>Witness statement attached?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Number of witnesses</b>	
<b>Witness type</b>	<input type="checkbox"/> Eye witness <input type="checkbox"/> Circumstantial <input type="checkbox"/> Post-incident <input type="checkbox"/> Other	<b>Relationship to person involved</b>	

Witness Name	Address / Unit	Telephone	Email	What witness observed / relationship

## ATTACHMENTS / EVIDENCE CHECKLIST

<input type="checkbox"/> Photos	<input type="checkbox"/> Video
<input type="checkbox"/> Email / text screenshots	<input type="checkbox"/> Portal messages
<input type="checkbox"/> Contractor report	<input type="checkbox"/> Invoice / estimate
<input type="checkbox"/> Police / RCMP report	<input type="checkbox"/> Fire report
<input type="checkbox"/> Bylaw report	<input type="checkbox"/> Witness statement
<input type="checkbox"/> Tenant / occupant statement	<input type="checkbox"/> Owner correspondence
<input type="checkbox"/> Insurance correspondence	<input type="checkbox"/> Building camera footage saved
<input type="checkbox"/> Other: _____	<input type="checkbox"/> None attached

<b>Evidence submitted by</b>		<b>Date submitted</b>	
<b>Additional pages attached?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Follow-up requested?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. DECLARATION

### Declaration

I declare that the information I have provided in this General Incident Report is true and accurate to the best of my knowledge and belief. I understand that the report may be used for property management, maintenance, insurance, safety, legal, and file-record purposes.

_____	_____	_____
Name	Name	Name
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Date	Date	Date
_____	_____	_____
Role / Relationship	Role / Relationship	Role / Relationship

<b>Received by Hilltop representative</b>		<b>Date</b>	
<b>Internal file reference</b>		<b>Version</b>	May 2026