

**NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION**  
**Insurance Incident Form**  
**Notice of Occurrence**

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Injury to person? *(please circle)* Yes No

Damage to property? Yes No

Name of club: \_\_\_\_\_

**Location of incident:**

Street Address \_\_\_\_\_ City, State \_\_\_\_\_

**Name of injured person (if applicable):**

Street Address \_\_\_\_\_ City, State \_\_\_\_\_

Best phone number \_\_\_\_\_ Email address \_\_\_\_\_

**Description of injury/damage and how it occurred:**

\_\_\_\_\_  
\_\_\_\_\_

**Detailed description of the location of the injury/damage *(attach photos)*:**

\_\_\_\_\_  
\_\_\_\_\_

**Action(s) taken:**

\_\_\_\_\_  
\_\_\_\_\_

**Witness name(s), phone number, and/or email address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name, phone number, and/or email address of person submitting this form:**

\_\_\_\_\_

**SUBMIT THIS FORM TO ALICIA WESCHLER, NNJSDA INSURANCE COORDINATOR | [aweschler@gmail.com](mailto:aweschler@gmail.com)**

*If you have additional information, please include it in your cover email.*

**PLEASE NOTE: IF THERE ARE ANY CONTRACTS IN PLACE WITH THIS VENUE (E.G. FACILITY USE PERMIT),  
PLEASE ATTACH TO YOUR EMAIL. THANK YOU.**