

BIRCHWOOD LAKES COMMUNITY ASSOCIATION, INC.  
212 ASPEN ROAD  
DINGMANS FERRY PA 18328  
(570) 828-2111

**MEMBER/VISITOR INCIDENT REPORT**

TO BE COMPLETED BY MEMBER/VISITOR:

NAME \_\_\_\_\_  
(PRINT) (SIGNATURE)

LOT\_\_\_BLOCK\_\_\_SEC\_\_\_ 911 ADDRESS\_\_\_\_\_

DATE\_\_\_\_\_ TEL. # \_\_\_\_\_

**IF NECESSARY, I AGREE TO ATTEND THE HEARING AS A WITNESS, IF THE CITATION IS APPEALED.**

\_\_\_\_\_  
Member’s Signature Date

I WISH TO REPORT THE FOLLOWING INCIDENT WHICH OCCURRED ON  
\_\_\_\_\_  
(DATE) AT \_\_\_\_\_  
(TIME)

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