



HOUNSFIELD HEIGHTS BRIAR HILL

COMMUNITY ASSOCIATION

INCIDENT REPORT

Date of Incident:	Time:	Location:
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INCIDENT DETAILS:

INJURED PARTY INFORMATION:

Name:	Date of Birth/Age:
Address:	Home Phone:
	Business Phone:

Injury:

FIRST AID/AMBULANCE PROVIDED? (Give details)

WITNESS(ES):

(1) Name	(2) Name		
Address:	Address:		
Home Phone:	Business Phone:	Home Phone:	Business Phone:

SCENE INSPECTION: (Describe general condition including floor, lighting, weather, spills, debris, signs, etc.)

Inspected by: Name 1: _____	Name 2: _____
Signature: _____	Signature _____

Diagram/Photo Attached: Yes ___ No ___	Maintenance Schedule (attached logs): Yes ___ No ___	Maintenance/Cleaning Contract (attach copy): Yes ___ No ___
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Report Completed By:	Date/Time:
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