

# INCIDENT REPORT

Property Name: \_\_\_\_\_

Property Location Address: \_\_\_\_\_

Name of Person Injured: \_\_\_\_\_

Address – Home: \_\_\_\_\_  
Street City State Zip

Business: \_\_\_\_\_  
Street City State Zip

Telephone # : Home ( \_\_\_\_ ) \_\_\_\_\_ Business #: ( \_\_\_\_ ) \_\_\_\_\_

Property Contact: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ A.M. or P.M.  
Month Date Year

Date incident reported: \_\_\_\_\_ Time incident reported: \_\_\_\_\_ A.M. or P.M.  
Month Date Year

Person injured or affected: – \_\_\_\_ Guest or \_\_\_\_ Non- guest or \_\_\_\_ Hotel employee

If Guest: Check-in date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

If non-guest : purpose of hotel visit : \_\_\_\_\_

Thorough description (include: incident, nature of injury, material damages, outcome, etc. )

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Location of incident:

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Name: (injured party) \_\_\_\_\_ Date: \_\_\_\_\_

Was a vehicle(s) involved \_\_\_\_\_ No \_\_\_\_\_ Yes – Make & Model: \_\_\_\_\_

Year: \_\_\_\_\_ Where was vehicle parked? \_\_\_\_\_

Medical treatment required: \_\_\_\_\_ No \_\_\_\_\_ Yes - Medical Facility : \_\_\_\_\_

Did emergency officials respond? \_\_\_\_\_ No \_\_\_\_\_ Yes

Is this incident being investigated by authorities ? \_\_\_\_\_ No \_\_\_\_\_ Yes

Officer's name/affiliation: \_\_\_\_\_ Case#: \_\_\_\_\_

Did anyone involved in this incident threaten a lawsuit ? \_\_\_\_\_ NO \_\_\_\_\_ Yes - Provide Details:

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Witness(es):

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Current status of situation / outcome of the incident :

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Person completing report: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_