Villages of Garrison Creek Homeowners Association Accident / Incident Report Form

The completed form should be submitted to:

info@villagesofgarrisoncreek.com
safetysecurity@villagesofgarrisoncreek.com

P.O. Box 694 College Place, Washington 99324

Personal Information

Date of Report

_____

Name of Person Involved

_____

Address

_____

Phone Number

_____

Email Address

_____

This person is a (check one): ☐ Resident ☐ Guest ☐ Vendor ☐ Other

_____

Person Completing Report if different.

_____

Contact Information

_____

Incident Description

Date of Incident

_____

Time of Incident

_____

Exact Location

_____

Type of Incident (check one): Slip/Trip/Fall ☐ Property Damage ☐ Illness ☐ Other ☐

Describe What Happened

_____

_____

_____

_____

Description of Injury (if applicable)

_____

_____

_____

Was medical attention provided? Yes ☐ No ☐

By whom?

_____

Was emergency transport required? Yes ☐ No ☐

By whom?

_____

Conditions at Time of Incident

Weather Conditions (check one): Clear ☐ Rain ☐ Snow/Ice ☐ Other ☐

Lighting Conditions (check one): Daylight ☐ Night ☐

Surface Condition (check one): Dry ☐ Wet ☐ Uneven ☐ Obstructed ☐ Other ☐

Other Conditions:

_____

_____

Witness Information

Name

_____

Contact Information

_____

Statement (if applicable)

_____

_____

_____

_____

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