

# 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

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Name of Person Involved

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Address

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Phone Number

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Email Address

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

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Person Completing Report if different.

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Contact Information

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Date of Incident

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Time of Incident

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Exact Location

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### **Type of Incident**

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

Describe What Happened

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Description of Injury (if applicable)

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Was medical attention provided? Yes ☐ No ☐

By whom?

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Was emergency transport required? Yes ☐ No ☐

By whom?

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### **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:

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**Witness Information**

Name

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Contact Information

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Statement (if applicable)

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