

The Crescent Condominium Association  
Incident Report

ASSOCIATION NAME: \_\_\_\_\_

INJURED PARTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_ AM/PM

LOCATION OF ACCIDENT: \_\_\_\_\_

NAME(S) OF WITNESS(ES): \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*ATTACH ADDITIONAL SHEETS IF NECESSARY*

NATURE OF INJURY: \_\_\_\_\_

*(Sprain, cut, bruise, broken bones, burn, etc. Take pictures if possible).*

WAS MEDICAL TREATMENT PROVIDED? (Y/N): \_\_\_\_\_ IF NOT, WAS TREATMENT REFUSED? (Y/N): \_\_\_\_\_

BODY PART(S) INJURED: \_\_\_\_\_

DESCRIPTION OF ACCIDENT (*ATTACH ADDITIONAL SHEETS AND PHOTOGRAPHS AS NECESSARY*)

WHAT WAS REPORTED AS THE PRIMARY CAUSE OF THE ACCIDENT?

LIST ANY CONTRIBUTING FACTORS (WEATHER, EQUIPMENT, HOUSEKEEPING, ETC.)

WHAT CORRECTIVE ACTION IS NECESSARY TO PREVENT SIMILAR ACCIDENTS?

WHAT ACTION HAS BEEN TAKEN AND BY WHOM?

\_\_\_\_\_  
NAME OF PERSON TAKING REPORT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MANAGEMENT/BOARD FINAL INSTRUCTION FOR CORRECTIVE ACTION

DATE CORRECTIVE ACTION COMPLETED: \_\_\_\_\_ SIGNED: \_\_\_\_\_