



**INCIDENT REPORT**

Date: \_\_\_\_\_

**Clubhouse Manager or Employee on duty completes this form (one person involved).  
Send copy to Managing Agent within 24 hours.  
Give copy to involved party.**

Name of involved: \_\_\_\_\_  
\_\_\_\_EMPLOYEE \_\_\_\_HOMEOWNER \_\_\_\_ GUEST

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Incident was a \_\_\_\_medical \_\_\_\_ non-medical event.

Was there damage to physical property? YES NO Approximate value: \_\_\_\_\_

Location of incident: \_\_\_\_\_ Injured? YES NO (Circle one)

Circle areas of body involved:

Description of incident:



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was First Aid administered? YES NO Was incident reported to authorities? YES NO

If YES, to whom? \_\_\_\_\_

Witness: \_\_\_\_\_ Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_ Telephone: \_\_\_\_\_

I acknowledge the occurrence of incident described.

Signature of involved: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Position: \_\_\_\_\_

Reviewed by Clubhouse Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_