Guest Accident/Incident Report

Name: _____ Room #: _____

Guest Of: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ Work: _____

Guest Type: (Check One)
❒ Owner ❒ Rental ❒ Exchange (RCI/II) ❒ Vendor ❒ Restaurant Patron ❒ Day Use ❒ Other

Date of Birth: _____ ❒ Male ❒ Female

Date of Occurrence: _____ Time of Occurrence: _____

Date of Report: _____ Time of Report: _____ ❒ am ❒ pm

Location Report Was Taken: ❒ Guest Room ❒ Office ❒ Lobby ❒ Atrium ❒ Racquet Sports ❒ Other

Injury Type (Check One)

❒ Struck By	❒ Fall - Same Level	❒ Inhalation	❒ Contact w/Electricity
❒ Struck Against	❒ Fall - Different Level	❒ Ingestion	❒ Strain/Sprain
❒ Caught In/On	❒ Laceration	❒ Burn	❒ Fracture

Describe Occurrence as Guest States (Details of who, what, when, where, why, how): _____

_____

_____

_____

_____

_____

Was First Aid Rendered: ❒ Yes ❒ No If Yes, By Whom:

Was Outside Medical Attention Sought: ❒ Yes ❒ No If Yes, Please describe what type and by whom: _____

_____

Was There a Witness to the Occurrence? ❒ Yes ❒ No Witness Name: _____

Was a Witness Statement Completed? ❒ Yes ❒No Witness Signature: _____

Victim Signature: _____ Date: _____

Resort Representative: _____ Date: _____

Title: _____ Department: _____