

INCIDENT REPORT

DAYS INN _____

BEST WESTERN _____

Person(s) involved: _____ Date: _____

Report completed by: _____ Time: _____

Location of incident: _____ Time reported: _____

Nature of incident: _____

Day, date and time incident occurred: _____

Were photos taken? _____ By who? _____ How many photos? _____

Was 911 contacted? _____ Was medical treatment offered? _____

Treatment: Declined _____ Accepted _____ Medical report obtained: _____

Was LE agency contacted? _____ Agency: _____ LE case #: _____

General Manager contacted: Date: _____ Time: _____ By: _____

MOD contacted: Date: _____ Time: _____ By: _____

Use the narrative report page attached to complete a detailed narrative of your knowledge and involvement in the incident. Make sure to record statements made by victims, victim's family and witnesses. (Page 2.)

Fill out Witness Information Sheet for each person who witnessed incident who may be important if litigation is pursued. (Page 3.)

Have person involved sign waiver of liability if medical treatment is declined. (Page 4.)

Cc: General Manager
Front Office Manager