



Power Ranch Community Association Incident/Accident Report



DATE OF INCIDENT		TIME OF INCIDENT	
INCIDENT LOCATION		LOCATION CONDITION	

Description of Incident

INVOLVED PARTIES:

Name: _____ Age: _____ Phone #: _____

Parent/Guardian Name (if under 18): _____ Phone #: _____

Address: _____ PR Neighborhood: _____

PLEASE CHECK: VICTIM WITNESS INTITIATOR/OFFENDER

Was an injury sustained? Yes No If yes, describe the injury: _____

Did staff provide care? Yes No Describe care given: _____

Emergency Services called? Yes No If yes, by whom: _____

Victim of: Theft Vandalism Items stolen or damaged: _____

Check which service was called: POLICE FIRE DEPARTMENT AMBULANCE

Police or Emergency Official's Name: _____ Report # _____

INVOLVED PARTIES:

Name: Age: Phone #:

Parent/Guardian Name (if under 18): Phone #:

Address: PR Neighborhood:

PLEASE CHECK: VICTIM WITNESS INTITIATOR/OFFENDER

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Staff Comments

Four horizontal lines for staff comments.

Power Ranch Employee Signature

Date