Lakeside Hills Estates Association, Inc. INCIDENT REPORT

<u>Fill in all sections.</u> Turn o	completed form	into LHEA Board m	ember or LHEA Recording Secretary.
Today's Date:			
Who was involved?	Name:		Phone:
What happened? Descr	ibe details and o	exactly what you sa	w or what was reported to you.
Who witnessed incident	:? Name:		Phone:
When did it happen?	Date:		Time:
Where did it happen?			
Was person injured? Y	or N Did pe	rson say they were	injured? Y or N
Barriella de la companya de la comp			
Describe injury:			
Were police called? You	r N Was 911	L called? Y or N	Did emergency vehicle come? Y or N
	_		
Name completing report	t:		Phone:
*******	*******	******	***********
Date received:		Name:	
Action taken/Follow up:	:		
			