

TALL PINES RV RESORT

ACCIDENT/INCIDENT REPORT FORM

Date of Incident: _____ Time: _____ AM/PM

Location of Incident _____

Name of Injured Person: _____

Address _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Witness(es) _____

Type of Injury: _____

Details of Incident: _____

Injury requires physician/hospital visit? Yes ___ No ___ Date _____

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

Signature of injured party

Date

*No medical attention was desired, requested, and/or required.

Signature of injured party

Date

Signature of person taking report

Date

Submit completed form to:

Tall Pines RV Resort
Attention: Board of Directors
2966 Tall Pine Rd. #66
Show Low, AZ 85901
e-mail: tallpinesrvresort@gmail.com