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GUEST INCIDENT REPORT

Guest Name _____ Sex _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type of Incident/Illness _____ Date _____ Time _____

Location of Incident _____

Description of Incident _____

Special Details of Incident: Photos taken of area _____ Yes _____ No Date: _____

Any obstacles involved in incident? _____

Weather conditions _____

Guest's clothing (shoes/glasses/clothing) _____

Was guest carrying anything? _____

Was guest using cell phone? _____

Was guest distracted? _____

Medical Attention Given _____

Transported to Hospital in Ambulance _____ Yes _____ No

Name of Hospital _____

Address _____ City _____ St _____ Zip _____

Name, Address & Phone # of Eye Witness(es): _____

Additional Comments: _____

Incident Report Prepared by: _____ Date: _____