

**ASSOCIATION OF APARTMENT OWNERS OF
WAILEA FAIRWAY VILLAS**

INCIDENT REPORT

Site Manager:

Reported By:

Filed By:

Incident Date:

Incident Time:

Unit/Tenants Involved:

Personal Injury: Yes No

Property Damage: Yes No

Police/Ambulance/Fire Involved: Yes No

Incident Description:

Action Taken:

Signature of Person Filing Report