

## LVMHOA WITNESSED VIOLATION REPORT

Date of incident		Date of report	
Time of incident		Time of report	
Management company contacted by phone? Name:		<input type="checkbox"/> yes	<input type="checkbox"/> no
Board member contacted? Name:		<input type="checkbox"/> Phone	<input type="checkbox"/> email <input type="checkbox"/> in person

**Person Involved:**

Name:			
Age:		Unit #:	
Parent Name (if under 18):			
Address:		Phone #:	

**Person Reporting Incident:**

Name:			
Age:		Unit #:	
Parent Name (if under 18):			
Address:		Phone #:	

**Additional witnesses:**

Name:		Phone #:	
Name:		Phone #:	

**Did you:**

• Make contact with person involved?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• Inform them of the nature of the violation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• What was their response:		
• Make contact with parents of person involved?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• Inform the parents of the nature of the violation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• What was their response:		
• Take pictures (please include copies of any pictures, etc.)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• Contact Police?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• Contact Fire Department/Paramedics?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• Contact Security?	<input type="checkbox"/> yes	<input type="checkbox"/> no

**Injuries:**

• Was anyone injured?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• List names of persons injured:		
• Please describe these injuries:		

**Property Damage:**

• Was any property damaged?	<input type="checkbox"/> yes	<input type="checkbox"/> no
• Please list property damaged:		
• Please describe damage:		

**Conditions:**

Dry                       Clear/Sunny                       Foggy

Approx. Temperature \_\_\_\_\_°  
 Wet/Rainy                       Cloudy

