

INCIDENT REPORT

Date of Occurrence: _____ Time of occurrence: _____ AM ___ PM ___

Location of Incident: _____

Person injured / owner of damaged property:

Name: _____ Date of birth: _____

Address: _____

Guardian (if minor): _____

Telephone Number Home: (____) _____ Work: __ (____) _____

Health Insurance Carrier: _____ Policy Number: _____

Description of injury: _____

Where was injured taken? (Hospital / Doctor): _____

Relationship to Church/Camp: Volunteer *Employee Member Tenant/Resident Visitor

Other: _____

**If employee was injured while on the job – then "Employer's Basic Report of Injury" form needs to be completed*

Description of damaged property: _____

****Full description of incident:** _____

***If incident occurred on church's / camp's premises, include why the injured person was on the premises. If incident occurred elsewhere, include what connection it had to the church's / camp's operations of activities*

Witness(s) / Address (s) / Phone Number(s): _____

Reported by: _____ Title: _____

Church / Camp Name: _____ Phone Number: _____

Church / Camp City: _____ Today's Date: _____