

# CHURCH INCIDENT REPORT

*Instructions: Use this form to record details about any incident involving injury, property damage, or physical threat. Refer to your organization's insurance policy, local laws, and/or attorney for compliance and approval.*

## Person in charge of activity

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

## Incident Details

Nature of the activity: \_\_\_\_\_

\_\_\_\_\_

Exact location of the incident: \_\_\_\_\_

\_\_\_\_\_

Date of the incident: \_\_\_\_\_

Time of the incident: \_\_\_\_\_

Did incident involve physical injury or property damage? (circle correct) No Yes (If yes, complete back of form)

Description of incident (if vehicle involved, attach registered owner and driver information on separate page)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Witness name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Police Details (only if incident was reported to police)

Police report number: \_\_\_\_\_

Police officer name and department: \_\_\_\_\_

Police station address: \_\_\_\_\_

Police station phone: \_\_\_\_\_

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## Injured Person

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of parents/guardians (if a minor): \_\_\_\_\_

Relationship to church: (circle)    Member    Visitor    Volunteer    Employee    Student    Other

Injuries sustained: \_\_\_\_\_

Where was injured person taken/treated? \_\_\_\_\_

If injury occurred on church property, in what capacity was the injured on the premises? \_\_\_\_\_

\_\_\_\_\_

If the injury occurred elsewhere, how is it connected with this church facility/activity? \_\_\_\_\_

\_\_\_\_\_

Does the injured have personal medical insurance that may apply? (circle)    Yes    No

Name of health insurance company: \_\_\_\_\_

## Property Damage

Nature of damage: \_\_\_\_\_

Location of damage: \_\_\_\_\_

Detailed description of damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Person Completing Report

Print full name: \_\_\_\_\_ Relationship to church: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_