



Accident | Incident Report

NOTE: THIS FORM IS FOR INTERNAL LOSS PREVENTION USE ONLY AND IT IS NOT A SUBSTITUTE FOR ANY REQUIRED CLAIMS FORMS.

INFORMATION OF THE PERSON COMPLETING THIS FORM	
NAME:	LAST NAME:
EMAIL:	
PHONE NUMBER:	DATE FORM COMPLETED:

ACCIDENT/INCIDENT			
DATE AND TIME (IF KNOWN) OF ACCIDENT INCIDENT:			
ADDRESS:			
CITY:	STATE:	ZIP CODE	CO:

NAME OF INJURED PERSON OR PERSONS WHO SUSTAINED DAMAGE	
NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:

DESCRIBE ACCIDENT/INCIDENT

(Include description of what happened, who or what was injured or damaged, cause of injury or damage, and what was done after the damage or injury.)

WITNESSES	
NAME:	PHONE NUMBER:
EMAIL:	
NAME:	PHONE NUMBER:
EMAIL:	

**ACCIDENT/INCIDENT REPORTED TO**

(List entities you have reported this matter to, including Adventist entities [your conference or other entity] or law enforcement.)

DESCRIBE ANY POST ACCIDENT/INCIDENT ACTIONS

State what, if anything, has happened since the accident, including whether or not you have heard from anyone about the incident and who you reported the incident to, if applicable.