



# 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.