



INCIDENT REPORTING FORM

GENERAL DETAILS

Church Name: _____ IBID #: _____

Date Reported to Church: _____ Date & Time of Accident: _____ Date of this Report: _____

Reported By: _____ Was a Police Report Filed? Yes No Police Report #: _____

Status of injured party: Guest Parishioner Employee Clergy Volunteer Contractor or their employee

INJURED PARTY DETAILS

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Injured Party Information: Parent/guardian (if a minor): _____ Email: _____

Employer (if contractor's employee): _____

Known Injuries/Damage: _____

INCIDENT DETAILS

Specific location of incident: _____ Was this an organized activity? Yes No

If yes, which activity? _____ Activity leader/supervisor name: _____

Description of incident with details: activity, sequence, cause, etc: _____

Photos available? Yes No If so, name and number of who has them: _____

Involved Parties or Witnesses: Person 1: _____ Phone: _____

Address: _____ Email: _____

Person 2: _____ Phone: _____

Address: _____ Email: _____

Identify any group or tenant involved. Name of group: _____ Contact Person: _____

Phone Number: _____ Email: _____

Does the church have a signed agreement with this group? Yes No

Person completing form: _____

Phone: _____ Email: _____

Keep a copy of this report for your records and provide a copy to your agent.