



# ACCIDENT | INCIDENT REPORT

**NOTE:** THIS FOR 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:

### INCIDENT | ACCIDENT

DATE AND TIME (IF KNOWN) OF ACCIDENT | INCIDENT:

ADDRESS

CITY  STATE  ZIP CODE  COUNTRY

### NAME OF INJURED PERSON OR PERSONS WHO SUSTAINED DAMAGE

NAME  LAST NAME

NAME  LAST NAME

NAME  LAST NAME

NAME  LAST NAME

### 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  LAST NAME

PHONE NUMBER:

NAME  LAST NAME

PHONE NUMBER:



**ACCIDENT | INCIDENT REPORTED TO**

(List Entities you have reported this matter to including SDA entities (your conference or other entity) or law enforcement)

**DESCRIBE ANY POST ACCIDENT/INCIDENT ACTIONS**

(state who you have reported this incident to and what, if anything, has happened since the accident, including whether or not you have heard from anyone about the incident)