



# 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

## 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

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

EMAIL

PHONE NUMBER

NAME

EMAIL

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.)