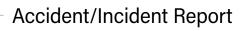


Accident | Incident Report

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:					I
CITY:	STAT	ſE:	ZIP CODE		CO:
NAME OF INJURED PERSON OR PERSONS WHO SUSTAINED DA	MAG	GE .			
NAME:		EMAIL:			
NAME:		EMAIL:			
NAME:		EMAIL:			
NAME:		EMAIL:			
DESCRIBE ACCIDENT/INCIDENT (Include description of what happened, who or what was injured or dam	aged	, cause of injury or da	amage, and what wa	s done af	fter the damage or injury.)
WITNESSES					
NAME:		PHONE NUMBER:			
EMAIL:					
NAME:		PHONE NUMBER:			
EMAIL:					

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ACCIDENT/INCIDENT REPORTED TO (List entities you have reported this matter to, including Adventist entities [your conference or other entity] or law enforcement.)						
	CIDENT/INCIDENT ACTIONS opened since the accident, including whether or not you have heard from anyone about the incident a	nd who you reported				
State what, if anything, has hap		nd who you reported				
State what, if anything, has hap		nd who you reported				
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