



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

FIRST NAME:	LAST NAME:
EMAIL:	PHONE NUMBER:

INCIDENT/ACCIDENT

DATE AND TIME (IF KNOWN) OF ACCIDENT/INCIDENT:	DATE FORM COMPLETED:	
ADDRESS:		
CITY:	STATE:	ZIP CODE/POSTAL CODE:

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.

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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 SDA entities [your conference or other entity] or law enforcement.

DESCRIBE ANY POST ACCIDENT/INCIDENT ACTIONS

If applicable, 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 it to.