



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)