

# General Incident Report (page 1)

Use this form to record the details concerning any incident involving injury, property damage, verbal or physical altercations, threats, or other interpersonal issues.

*This is not a legal document or claims form, it is a tool to gather and organize pertinent information. Refer to your organization's insurance policy, local laws, and/or attorney for compliance and approval, or for instruction on filing a claim with your insurance carrier.*

## Person in Charge of Activity

Name:	Title:
Address:	
Cell Number:	Work Number:
Email:	

## Persons Involved

Name	Age	Relationship to Church

If any minors were involved, were their parents/guardians notified and given copies of the incident report?

Yes

No



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## General Incident Report (page 2)

### Incident Details

Date of incident:	Time of incident:	
Nature of the activity:		
Exact location of the incident:		
Did the incident involve physical injury or property damage?	Yes <input type="radio"/>	No <input type="radio"/>
Description of incident: <i>(If vehicle was involved, attach registered owner and driver information on a separate page)</i>		

### Physical Injury Details

Was first aid administered?	Yes <input type="radio"/>	No <input type="radio"/>
Describe the injury, including where it occurred on the body:		
Was professional medical treatment required?	Yes <input type="radio"/>	No <input type="radio"/>
If yes, list which hospital/clinic/medical services were used, if known:		



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## General Incident Report (page 3)

### Witnesses

Name:	Phone:
Name:	Phone:
Name:	Phone:

### Police Details

Was this incident reported to police?	Yes <input type="radio"/> <i>If yes, complete the rest of this section</i>	No <input type="radio"/>
Police Officer Name and Department:		
Police Station Phone:	Police Report Number:	
Police Station Address:		

### Steps taken to prevent a similar incident in the future, if any:

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### Signatures

Incident Reported by:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Incident Reported to:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Incident Reviewed by:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>



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