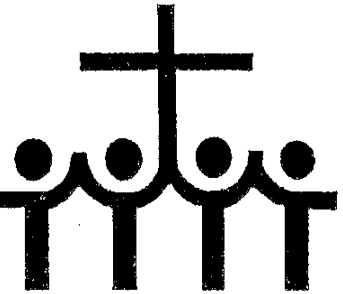


# The Church of Saint Luke

818 Main Street Stroudsburg, Pennsylvania 18360

Church Office 570-421-9097 Residence 570-421-8460



## ACCIDENT/INCIDENT REPORT FORM

Complete this report for all incidents/injuries and complete this report for near-miss incidents/injuries. This report is for information, and if used, if necessary, for reporting claims to insurance carriers. Please read each question carefully and answer all questions as completely as you can. Please do not leave any blanks. If the question does not apply, please write N/A.

Date of Incident: \_\_\_\_\_ Hour of Incident: \_\_\_\_\_ AM PM

Name of Injured Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Gender: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Details of Incident: State what the individual was doing and all circumstances leading up to the incident. Try to reconstruct the chain of events leading up to the incident/injury. Be specific. State who was involved, where it occurred, and what took place. Use the reverse side of this sheet, as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury requires physician/hospital visit: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of physician/hospital: \_\_\_\_\_

Physician/hospital phone #: \_\_\_\_\_

