

Presbyterian Church of Victoria Incident Report

Name of Church: _____

Address: _____

Contact Person: _____

Telephone: _____ email: _____

Details of injured Person

Name: _____

Address: _____

Congregation Member Yes/No

Visitor Yes/No

Male/Female

Details of Incident

Date of Incident: _____

Time of Incident: _____

Type of Activity _____ Accident Description: _____

Brief Details: _____

Accident Site: _____

Names of Witnesses: _____

Details of Injury

Nature of Injury: _____ Location of Injury: _____

Severity of Injury: _____

Treated by Dr: _____ Hospital: _____

Has a claim been made

Yes/No When? _____

Details of claim: _____

Signed: _____

Dated: _____