Jehovah Missionary Baptist Church

609 Manning Avenue

Sumter, SC 29150

Accident/Incident Report and Investigation Form

Date of accident/incident _____ Time of accident/incident _____

Location of accident/incident _____

Injured Person's Information [ ] Employee [ ] Parishioner [ ] Visitor

Name _____

Address _____

Contact # _____

Date of Birth _____ Male _____ Female _____

Type of Injury _____

Details of the incident (what happened) –

_____

_____

Was 911 called? _____ Was person transported to hospital emergency? _____

Any details from emergency visit _____

If no, did injured person seek medical treatment later? _____

If yes, please give following information

Physician's name: _____

Address: _____

Phone: _____

Any details from the physician's visit _____

_____

_____

INVESTIGATION FORM

Were there any witnesses: Yes _____ No _____

If yes, witness information:

Name: _____

Contact # _____

Describe what part of the body was affected and how it was affected.

Part of the body affected

( ) Head
( ) Face
( ) Eyes
( ) Ears
( ) Neck
( ) Shoulders
( ) Chest
( ) Abdomen
( ) Groin
( ) Back (Upper)
( ) Back (Lower)
( ) Buttocks
( ) Fingers
( ) Hand (near thumb)
( ) Wrist
( ) Arms
( ) Toes
( ) Feet
( ) Lower Leg
( ) Knee
( ) Upper Leg
( ) Lungs
( ) Nervous system
( ) Blood System
( ) Skeletal System
( ) Digestive system
( ) Reproductive system
( ) Skin

Other:

How was it affected

( ) Abrasion
( ) Amputation
( ) Bruise
( ) Burn
( ) Cut

Claim ID # _____

Person taking report _____