INCIDENT REPORT

(Please read *Incident Report Instructions* [TO-5i] carefully before completing this report.)

Person Involved (For property losses, some information in this section may not apply.) Congregation/Department:						
Last name:						
Phone number:						
Home address: (Street) (City) (Province or state) (Zone or code) (Country)						
Country Presently employed:						
Presently employed:						
Check all that apply: Baptized Unbaptized publisher Regular pioneer Ministerial servant Elder Bethel family member Construction servant Construction volunteer Other: Incident Description (In case of catastrophic injury, please attach a diagram and photographs of the general location showing the arrangement of items at the time of the accident.) Date of incident: Day of the week: Time of incident: Weather conditions at the time of the incident: Dry Rain Fog Lightning Snow High wind Ice Hail Other: Location of incident: Branch facility Assembly Hall Kingdom Hall Rented facility Other: Address: (Street) (City) (Province or state) (Zone or code) (Country) Type of incident: Property damage Injury Illness Cumulative trauma Near-miss Type of activity during Meeting Assembly Convention Memorial Vehicular Construction Maintenance Production Recreational Other:						
Bethel family member						
the arrangement of items at the time of the accident.) Date of incident:						
the arrangement of items at the time of the accident.) Date of incident:						
Weather conditions at the time of the incident:						
of the incident:						
Location of incident: Branch facility Assembly Hall Kingdom Hall Rented facility Other: Address: (Street) (City) (Province or state) (Zone or code) (Country) Type of incident: Property damage Injury Illness Cumulative trauma Near-miss Type of activity during which incident occurred: Meeting Assembly Convention Memorial Vehicular Construction Maintenance Production Recreational Other:						
Address: (Street) (City) (Province or state) (Zone or code) (Country) Type of incident: Property damage Injury Illness Cumulative trauma Near-miss Type of activity during which incident occurred: Meeting Assembly Convention Memorial Vehicular Construction Maintenance Production Recreational Other:						
Type of incident:						
Type of activity during which incident occurred:						
which incident occurred:						
☐ Construction ☐ Maintenance ☐ Production ☐ Recreational ☐ Other:						
Describe what happened. (Include the names of all persons involved.)						
Describe what happened. (Include the names of all persons involved.)						
Injury Description (Please complete this section if the incident involves injury or illness.)						
Nature of injury: Cut Fracture Burn Nerve damage Wound Loss of limb Head trauma Fatality Other:						
Body part(s) affected: Arm Hand Leg Foot Head Torso Hip Back Other:						
Describe the injury:						
Incident resulted in:						
What is the expected duration of the recovery? What is the expected number of workdays lost?						
How was the injury treated at the scene?						
Did the injury require hospitalization or an outside doctor?						
Name of the insurance company or social program:						

Witness(es) to incident: (1)			(2)		
Witness 1 address:					
, ,	(Street)	(City)	(Province or state)	(Zone or code)	(Country)
Phone number:		E-mail address:			
Witness 2 address:					
,	(Street)	(City)	(Province or state)	(Zone or code)	(Country)
Phone number:		E-mail address::			
Property Damage (Pleas	e complete this section	if applicable.)			
Cause of loss: Burglary [☐ Vandalism ☐ Fire [☐ Windstorm/Hail ☐	Water damage 🔲 Vehicl	e 🗌 Other:	
If Kingdom Hall or Assembly Department representatives		damaged, have the Lo	ocal Design/Construction	□ Yes □ No	o □ N/A
List items damaged or stolen a		Please attach written	estimates or bills, and indi		
mation in the case of private pr		I loade attach witten	commetee or sine, and ma		
Total amount of loss:		Total	amount requested for ass	istance:	
Contact Elder (Please cor	nplete this section if app	olicable. See Incident	Report Instructions [TO-5	i] point 8.)	
Last name:	First name:		Phone number:		
Last name.	First name.		Priorie number.		
Delet and many					
Print or type name:					
(Elder or safety coordinator)	(Assisted by—elder,	Assembly (Branch department	(Branch Comm	ittee member)
(List) or carely contained,	Hall Committee m	ember, `	overseer)	,	
	crew/construction grou convention/assembly				

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