

INCIDENT REPORT

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

Branch: United States Tracking Number: _____ Date of report: _____

Person Involved (For property losses, some information in this section may not apply.)

Congregation/Department: _____ Congregation number: _____

Last name: _____ First name(s): _____ Identification number (if applicable): _____

Phone number: _____ Date of birth: _____ ☐ Male ☐ Female

Home address: _____
(Street) (City) (Province or state) (Zone or code) (Country)

Presently employed: ☐ Yes ☐ No Occupation: _____ Length of time in assignment: _____

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 which incident occurred: ☐ Meeting ☐ Assembly ☐ Convention ☐ Memorial ☐ Vehicular
☐ Construction ☐ Maintenance ☐ Production ☐ Recreational ☐ Other: _____

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: ☐ Lost work time ☐ Restricted activity ☐ N/A

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? ☐ Yes ☐ No

Were the medical expenses cared for by the injured person's insurance or by a social program? ☐ Yes ☐ No

Name of the insurance company or social program: _____

Phone number: _____ E-mail address: _____