

# Westwood Baptist Church

## Incident Report Form

This form shall be used by staff and/or members that witness or become aware of an incident causing injury and/or damage to property.

This report shall be given to a staff member or turned into the church office as soon as possible.

Person Completing this Report:

\_\_\_\_\_

Reason for report: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Place of incident: \_\_\_\_\_

Name(s) Injured: \_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(Add others if necessary)*

Property Damaged:

\_\_\_\_\_

—

\_\_\_\_\_

—

Briefly describe what happened:

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—

Was Ambulance Called?  Yes  No.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 of 3

What action did you take or was taken at the time?

\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_

Were there any witnesses?  Yes  No

List others who witnessed the incident or responses:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the cause of the incident been removed?  Yes  No  N/A

Explain: \_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_

Are there other follow-up steps you believe should be taken?

---

---

---

---

---

---

---

---

Incident Report Completed By:

\_\_\_\_\_ Date: \_\_\_\_\_

—  
(Signature)

**For Staff Use Only**

---

---

Was the insurance company informed:  Yes  No Date: \_\_\_\_\_

Date contact made with injured parties: \_\_\_\_\_

Name of staff person following up: \_\_\_\_\_

Briefly describe what injured party alleged happened:

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—

Is additional investigation needed?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—

Was the incident reported to local authorities?  Yes  No

By Whom: \_\_\_\_\_

Reported to: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Investigating Police

Officer: \_\_\_\_\_

Star/Badge #: \_\_\_\_\_

Signed: (Staff Member):

\_\_\_\_\_ Date: \_\_\_\_\_

—

*This report should be kept on file in the church office for a **Minimum** of three years from date of incident.*

3 of 3