



# INCIDENT REPORT

## MICHIGAN CONFERENCE

CHURCH OR SCHOOL USE

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### TO BE COMPLETED BY ORGANIZATION (CHURCH/SCHOOL)

CH/SCH NAME:			
CH/SCH ADDRESS:			
CH/SCH CONTACT :			
PHONE:		EMAIL:	

*Please complete all fields below. Those marked with an (\*) are required.*

### PERSONAL INJURY

FIRST NAME*		LAST NAME*		
DATE OF BIRTH*		GENDER*	M	F
SS NUMBER*				
ADDRESS				
PHONE:		EMAIL:		
NAME OF PARENT/GUARDIAN				
DATE OF INCIDENT*		TIME OF INCIDENT:	am	pm
DESCRIBE THE INJURY*				
HOW DID INCIDENT HAPPEN?*				
TYPE OF ACTIVITY		REPORTED*		
TIME OF ACTIVITY		COMMENCED:	am/pm	DISMISSED:
DOES INJURED PERSON HAVE OTHER INSURANCE ?	Y	N		am/pm

### AUTO/PROPERTY DAMAGE

DESCRIBE PROPERTY *	(If Auto: Yr , Make, Model, VIN #)			
DATE OF ACCIDENT*		PLACE OF ACCIDENT		
DRIVER'S NAME & ADDRESS			DRIVER'S PHONE:	
OWNER'S NAME & ADDRESS (If different than driver)			OWNER'S PHONE:	
DESCRIBE DAMAGE*			ESTIMATE AMOUNT:	
Was Driver Injured:	Y	N	Where can vehicle be seen?	

### PASSENGERS (Use additional sheets if necessary)

Name & Address	Phone	Injured
		Y N

### WITNESSES (Use additional sheets if necessary)

Name & Address	Phone

Incident Reported by: _____	Date: _____
Loss Notice Completed by: _____	Date: _____
Signature of Insured's Authorized Representative: _____	Date: _____