

Incident and Accident Report Form
Christian County Baptist Association
(Use back side for additional information if needed)

Instruction: *In the event that any incident or accident occurs of any nature that involves injury, damage to the CCBA or someone's property, a complaint or dispute of a serious nature, then this form needs to be completed by the volunteer or other leader and given to the CCBA Office.*

Incident Date: _____ Time: _____ Place: _____

Describe what happened: _____

Injury Yes No

Who was injured: _____ Age (if a child) _____

Describe any injuries: _____

Describe any treatment given: _____

If child was injured, were parents notified Yes No

How was notice given: _____ When: _____

Who gave the notice: _____

Was an ambulance called: Yes No

Was the victim taken to the hospital Yes No

Did the parents consent to treatment, ambulance, or hospital Yes No

Damage to Property Yes No

Describe the property (example: book, car, clothes): _____

Describe the damage: _____

Whose property: _____

List other people involved and how they were involved: _____

Witness Name: _____ Telephone: _____

Witness Name: _____ Telephone: _____

Comments: _____

Name of person reporting: _____ Telephone: (____) _____

Address: _____

Date report signed: _____, 2019

Signature

Date report received by CCBA: _____, 2019