



INCIDENT REPORT

MICHIGAN CONFERENCE

CHURCH OR SCHOOL USE

EMAIL: riskmanagement@misda.org

FAX: 517-316-1501

TO BE COMPLETED BY ORGANIZATION (CHURCH/SCHOOL)					
CH/SCH NAME:					
CH/SCH ADDRESS:					
CH/SCH CONTACT:					
PHONE:		EMAIL:			
PERSONAL INJURY					
FIRST NAME*		LAST NAME*			
DATE OF BIRTH*		GENDER*			
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:		DISMISSED:	
DOES INJURED PERSON HAVE OTHER INSURANCE?	Y/N				
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 THE ACCIDENT*					
			Police Rpt # :		
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 Rep:				Date:	