FOR OFFICE USE ONLY CLAIM REPORT ONLY ____ Kelley Cooke Operations Assistant, kcooke@libertylive.church, 757-826-2100 x1324

Dat <u>e</u>		_Time	
Page	of	pages	



INCIDENT REPORT FORM

Activity/Event Details			
Campus: GBR GTR HPT HV		in Building	
Involved Person (for multiple injuries fro	m the same incident, plea	se fill out multiple reports)	
Name_	Address	S	
		Jame	
Email	Phone #		
Injury or Incident Details (include stateme	-		
DateLocation of in	ıjury/incident room#,ha	Ilway,parking area etc.)	
Conditions of area (weather, dry, wet, etc.)			
Give Details of injury/incident:			
Witness	Phone	Email	
Witness	Phone	Email	
First Aid/Type?	Did Liberty Med	dical Team Respond? Y N Team Member?	
Was EMS Called?Y N If Minor, w	ere parents notified?	Y N Comments	-
Incident Report Form Completed by:			
Name	Titl	e	
Email	Pho	ne	
Date			

Please make sure that you have legibly completed this form.

Page 2 to be completed for Damage to Property, Suspect Information, First Responders, Follow up Information, etc.

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	Page	of	p	ages	



Damage to Property Details		
What was damaged?	Where did damage occur?	
Suspect Details (if any of the above incidents i	involve a suspect, please give any details below)	
Male Female Hai	ir Color Skin Color Eye Color	
Description of clothing		
Unique Features/Marks	Vehicle Description	
Signatures		
Campus Pastor/Representative	Date	
Safety Director/Assistant Director	Date	
Plan of Action (suggestions for prevention, Actions take	en, Plans to follow up etc)	

Notes, Additional Details, Comments, Follow up: