



INCIDENT REPORT

MICHIGAN CONFERENCE

CHURCH OR SCHOOL USE

EMAIL: mhickman@misda.org

FAX: 517-316-1507

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: am/pm
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 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: _____