



Accident and/or Incident Report

INSTRUCTIONS

1. Complete this form in its entirety if there is an accident, theft or significant, inappropriate behavior on a Scottsdale Bible campus or during a church-related event such as a short-term mission team.
2. Hand-deliver this form to the Executive Office or send to Incident Report, c/o Executive Office, Scottsdale Bible Church, 7601 East Shea Boulevard, Scottsdale, AZ 85260. Please put in a sealed envelope and mark it CONFIDENTIAL. BE SURE TO NOTIFY THE OUTREACH PROJECT COORDINATOR AND PROVIDE A COPY OF THE INCIDENT REPORT.
3. If medical, police or counseling attention sought, please attach appropriate documentation.

Incident Date _____ **Time** _____ **Location** _____

Person involved		Date of birth
Parent's name, if applicable		
Address		
Home phone	Work phone	Cell phone
If injured, person's health insurance company		

Person involved		Date of birth
Parent's name, if applicable		
Address		
Home phone	Work phone	Cell phone
If injured, person's health insurance company		

Description of injury or incident

Weather and lighting conditions, if applicable
First aid given <input type="checkbox"/> Paramedics called <input type="checkbox"/> Police called <input type="checkbox"/> Taken to hospital or clinic <input type="checkbox"/> Which one?
Other action steps taken and by whom
Witnesses

Signature of person filling out report

Date/time

Signature of Executive Pastor or Church Business Administrator

Date/time

OFFICE USE ONLY: Was the situation completely resolved? If not, what are the next steps that will be taken?