



# Northern California Conference

*Risk Management*

**Date:** \_\_\_\_\_ **Injured Party's Name:** \_\_\_\_\_  
**Witness:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Title / Position:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Date of Injury** \_\_\_\_\_  
**Time of Injury:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

## Description of Incident

Description of Incident (Please include names of individuals involved, nature of the incident, if injury or illness give name of physician/hospital used, names & addresses of witnesses, and narrative of what occurred)

Witness Explanation (Was illness or injury involved? If yes, describe below)

Any additional steps required or likely outcomes.

## Additional Witnesses

<b>Name:</b> <b>Address:</b> <b>Phone:</b> <b>Description:</b>	<b>Name:</b> <b>Address:</b> <b>Phone:</b> <b>Description:</b>
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By signing this document, you acknowledge that the information contained herein is accurate.

\_\_\_\_\_  
**Witness** **Date** **Witness** **Date**