



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

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

Witness **Date** **Witness** **Date**