

FRIENDSHIP BAPTIST CHURCH
Insurance Incident/Accident Report

INCIDENT/ACCIDENT DATE: _____ TIME: _____

LOCATION OF INCIDENT/ACCIDENT:

NAME OF INJURED: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF INCIDENT/ACCIDENT: _____

WITNESS(ES): (NAME, PHONE, EMAIL)

PREPARER'S SIGNATURE: _____

TODAY'S DATE: _____

**Brotherhood Mutual
Pierce – Carter Agency
P. O. Box 175
Mason, Michigan 48854**