

# ACCIDENT/ INCIDENT REPORT



**CATHEDRAL  
& CHAPELS**

**IMPORTANT: DO NOT admit liability and do not discuss the incident with anybody except the Police or a staff person of King's Cathedral. Complete this form as soon as possible (NO LATER THAN 24 HRS. AFTER INCIDENT) and turn in to the Loss Prevention administrator. In the case of serious injuries, notify the appropriate staff person immediately.**

777 Maui Veterans Hwy., Kahului, HI 96732  
Phone: (808) 871-7311

## **ACCIDENT** (TIME, PLACE & DESCRIPTION)

Date of Accident: \_\_\_\_\_

Time of Accident [     ] AM [     ] PM If Outdoors, Weather Condition? \_\_\_\_\_

Location of Accident \_\_\_\_\_

How Did This Occur? (Describe accident in detail. Attach additional page if needed.) \_\_\_\_\_

Witnesses: \_\_\_\_\_ Phone: \_\_\_\_\_

Witnesses: \_\_\_\_\_ Phone: \_\_\_\_\_

Police Department Reported to: (Name of Officer) \_\_\_\_\_ Police Report# \_\_\_\_\_

## **INJURIES:**

#1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation (if minor, give parents' names): \_\_\_\_\_

Employed by (or school attended): \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe injury (Location on body, size of wound, bleeding, and loss of consciousness, etc.): \_\_\_\_\_

Ambulance Called? [  ] Yes [  ] No Where was injured person taken? \_\_\_\_\_

Treatment Rendered \_\_\_\_\_ Doctor: \_\_\_\_\_

#2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation (if minor, give parents' names): \_\_\_\_\_

Employed by (or school attended): \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe injury (Location on body, size of wound, bleeding, and loss of consciousness, etc.): \_\_\_\_\_

Ambulance Called? [  ] Yes [  ] No Where was injured person taken? \_\_\_\_\_

Treatment Rendered \_\_\_\_\_ Doctor: \_\_\_\_\_

(If more than 2 injured persons, complete a separate page and attach to this report.)

**VEHICLE INFORMATION** (Complete this section if incident is involving a vehicle.)

**OUR VEHICLE:** Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Vehicle License Plate: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_

Damage to our vehicle: \_\_\_\_\_

**OTHER VEHICLE:** Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Vehicle License Plate: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_

Damage to our vehicle: \_\_\_\_\_

Did either party receive a citation from the police? [ ] Yes [ ] No If yes, who? \_\_\_\_\_

**PROPERTY DAMAGE** (Other than vehicles)

Description of Property \_\_\_\_\_

Serial # \_\_\_\_\_ Owner \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone \_\_\_\_\_

List Damage: \_\_\_\_\_

**Event**

Name of Event \_\_\_\_\_

Staff Person in Charge: \_\_\_\_\_ Pastor Responsible: \_\_\_\_\_

Was the person responsible notified? [ ] Yes [ ] No If so, when? \_\_\_\_\_

**Please Complete** (Must be completed)

Your Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Position: \_\_\_\_\_

Office Use: Date received \_\_\_\_\_ Insurance agent notified/date \_\_\_\_\_ Claim filed/date \_\_\_\_\_