



Reaching Out to Grow
Hope-Filled
Followers of Jesus!

CROSS OF HOPE CHURCH AND SCHOOLS
6104 Taylor Ranch Rd NW
Albuquerque, NM 87120

ACCIDENT/INJURY INCIDENT REPORT

General Instructions:

When an accident or incident occurs that results in an injury or damage to personal property that may possibly result in a claim being filed to our insurance, please complete the form below. **This form should be delivered to the Cross of Hope Finance Department within 24 hours of the incident.**

The Finance department will review the forms and notify the insurance company of the incident.

Today's date	Date of Incident	Who completed this form? Name and Title
Name of injured	Relationship to Cross of Hope (student, parent, member, visitor, MOPS, Contractor, Other)	Witnesses if any
Location of Incident	Description of Incident (describe fully here or on the back of this form; include diagrams if needed). Please provide the names of any others involved in the incident.	
Nature of Injury	Description of Injury	
Was medical attention required?	If yes, by who? (doctor, paramedics, hospital, urgent care - include name, address and phone number and attach a copy of any medical report and bill)	
Was the individual transported by ambulance?		