



CROSS OF HOPE CHURCH AND SCHOOL

6104 TAYLOR RANCH RD NW

ALBUQUERQUE, NM 87120

## Accident/ Injury Incident Report

When an accident or injury 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.

### Accident/ Injury Information

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date & Time of Incident

\_\_\_\_\_  
Location of Incident

\_\_\_\_\_  
Person Completing Form (First Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Injured Party's First & Last Name

Relationship to COH:  Student  Parent  Member  Visitor  Contractor  Other

Witnesses (if any): First/ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe incident (use back of form & include diagrams, add names of others involved):  
\_\_\_\_\_

Nature of Injury & Description:  
\_\_\_\_\_

Emergency Contact notified? Yes No Contact Name: \_\_\_\_\_

Transportation by Ambulance? Yes No Emergency Contact Phone: \_\_\_\_\_

Medical attention required? Yes No

If yes, by who? Doctor Paramedics Hospital Urgent Care

Include Name & Attach Copy of any Medical Records & Bill: \_\_\_\_\_