

INCIDENT/INJURY FORM

DATE: _____ EVENT: _____ MCC UNIT #: _____

DATE OF INCIDENT: _____ SPECIAL EVENTS INSURANCE COVERAGE: YES _____ NO _____

PARISH/INSTITUTION: _____ CALLER: _____

ADDRESS: _____ PHONE: _____

CITY: _____ PASTOR: _____

INJURED PERSON: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SOCIAL SECURITY NO.: _____ - _____ - _____ DATE OF BIRTH: _____ / _____ / _____

INJURED PERSON DATA (Age, sex, marital status, employment, etc.): _____

DESCRIPTION OF INCIDENT: _____

INJURIES: _____

MEDICAL TREATMENT (Where, when, etc.): _____

MEDICAL INSURANCE: _____

WITNESS INFORMATION:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

DATA PERTINENT TO INCIDENT/INJURY: _____

SIGNATURE OF INJURED PERSON: _____ DATE: _____

PLEASE REPORT ALL INJURIES IMMEDIATELY BY PHONE, FAX, OR EMAIL TO GALLAGHER BASSETT:

**PHONE (248) 452-6050/FAX (248) 475-0228
GB-DETROIT-MAIL@GBTPA.COM OR BONNIE_BASHORE@GBTPA.COM**