



**ACCIDENT/INCIDENT REPORT FORM**

Date: \_\_\_\_\_

Name of missionary: \_\_\_\_\_

Date of accident/incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

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

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Type of occurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Details of accident/incident: \_\_\_\_\_ (to include place/location, individuals involved, damage to or loss of property)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness(s)**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Brief Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury requires physician/hospital visit? Yes \_\_\_ No \_\_\_

Medical Insurance Company notified? Yes \_\_\_ No \_\_\_

Name of physician/hospital: \_\_\_\_\_

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

Physician/hospital phone number: \_\_\_\_\_

Insurance/Worker's Comp Notified: Yes \_\_\_ No \_\_\_ N/A \_\_\_

Police/Other Authorities Contacted:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Follow-up items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accompanying Person: \_\_\_\_\_

Regional Director notified:      Yes:      \_\_\_\_\_      No:      \_\_\_\_\_      (If No, please do so ASAP)

Follow-up Required: \_\_\_\_\_

(If necessary, please use a separate sheet for additional information).

\_\_\_\_\_  
Signature of injured party/or person providing this information      Date

**Send completed Form to: Regional Director/Director of Missions/HR Director within 24 hours of accident/incident.**

**ACCIDENT/INCIDENT REPORT FOLLOW-UP FORM  
FOR COMPLETION BY MISSIONER AND REGIONAL DIRECTOR**

Date: \_\_\_\_\_

**Missioner Section**

Your Name: \_\_\_\_\_

Was the accompaniment provided satisfactory? If not, please list other items or activities that would have been helpful.

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If medical/mental health care was or is still being provided, was it/is it adequate and helpful?

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Are there other items or assistance the Region/MKLM can provide?

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(If necessary, please use a separate sheet for additional information).

Signature

Date

Date: \_\_\_\_\_

**Regional Director Section**

Name of missionary: \_\_\_\_\_

How did the missionary respond to the accident/incident?

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Have there been any post-trauma symptoms? (Sleeplessness, hyper vigilance, loss of appetite)?

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Please note all follow-up care being provided: physical/mental health, etc. and the status.

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If additional follow-up or assistance from the Region/MKLM is needed, please indicate the kind of assistance needed, the person responsible, and how progress will be monitored.

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(If necessary, please use a separate sheet for additional information).

Signature

Date

**Send completed Form to the Director of Missions/HR Director within 2 weeks after accident/ incident.**