



SPRINGFIELD BAPTIST CHURCH
508 P Street, N.W.
Washington, D.C. 20001
Tel: (202) 234-0648 - Fax: (202) 332-3149

INCIDENT REPORT FORM

Name of Person: _____

Address: _____

City: _____ State: _____

Date of Incident _____ Time of Incident _____ A.M. _____ P.M.

Witness (#1) - Name: _____ Telephone #: _____

Address: _____

Witness (#2) - Name: _____ Telephone #: _____

Address: _____

Describe in detail what transpired: *(Use reverse side and/or additional sheet if necessary):*

Who examined the individual onsite after the incident? _____

Did the individual receive medical treatment? _____

If yes, where seen and what was the outcome of the visit?

Signature of Person Completing this Form: _____

Date: _____ Telephone #: _____