



**CN Jenkins Memorial Presbyterian Church
General Accident & Incident Report**

Date: _____

Date of Incident: _____

Name / Victim: _____

Address: _____

Location of Incident: _____

Contact Number and email address: _____ / _____

Incident Type: _____

Narrative: _____

Additional Witness(es):

Name _____ **Address** _____ **Contact Number** _____

1. _____

2. _____

3. _____

Supervisor

Reporting Person

General Accident & Incident Report (continued)

Name **Address** **Contact Number**

4. _____

5. _____

6. _____

Narrative: _____

CONFIDENTIAL

NON- CONFIDENTIAL

Name

Instructions On How To Fill Out The Report

Date: Date report is completed

1. Date of Incident:

Date or dates actual incident (s) occurred

2. Name / Victim:

Person or Business / who was victimized

3. A). Address:

Business address or victim's address

Note: if victim does not wish personal home address or phone listed, place the information on the supplemental form; also note its location in the report. The supplemental form should be marked confidential.

B). Location of Incident

Where did the incident occur; Example: theft from vehicle location on 1421 Statesville Ave., Charlotte, NC C. N. Jenkins parking lot A

4. Contact Number / Email Address:

Business phone number and email address or victim's phone number and email address. If victim does not want this information listed on the face of the report, place it in the supplemental form and mark confidential.

5. Incident Type: Theft = larceny

DTP = damage to property

Assault = fighting / striking/ kicking

Verbal Assault = threatening language, the promise to harm or bodily harm

Accident = any accident that occurrence on property or to person; can include
Vehicle collision

6. Breaking / Entering = illegal entry to unauthorized area without permission

BE & L = breaking entering larceny = theft ??????????????

Fire Incident ? Burning / arson

Fraud = trickery, to deprive owner of money, good or ????????

7. Narrative: State the Fact of the Incident:

Who, what, when, where, why (if known) and how (if know). List what was missing, taken, damaged, etc. Amounts must be listed. Don't make the report your statement; keep it brief, clear and to the point. List additional witnesses at bottom of the report.

- 8. Additional Witnesses: Names and contact information for others with information pertaining to this incident.
- 9. Reporting Person - Person writing the Report.
- 10. Supervisor – Report should be reviewed and signed off by immediate supervisor.
- 11. Personal witness statements should be placed on a separate document and listed confidential
- 12. Supplemental information / statement form – use this form to make any additions to the narrative. Also may be used for personal statements and other confidential information. Confidential information should be marked at the bottom of the page.

Supplement / Statement Form

Narrative: _____

- CONFIDENTIAL**
- NON- CONFIDENTIAL**

Name Date