



# Truth Transformation Worship Center

3268 South Military Hwy. \* Chesapeake, VA 23323

757-558-9333 Office \* 757-558-8424 Fax

[www.itistruth.org](http://www.itistruth.org) \* <https://www.facebook.com/truthtransformationministries>

Dr. Roderick S. Hawthorne, Senior Pastor \* Pastor Crystal W. Hawthorne, First Lady

## Incident Report Form

UPON COMPLETION OF THIS FORM (IN ITS ENTIRETY), PLEASE PRINT; ENDORSE IN THE LAST SECTION, THEN SUBMIT TO THE CHURCH'S ADMINISTRATOR.

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  a.m. or  p.m.

### INJURED CONTACT DETAILS:

Name (of injured): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #'s: \_\_\_\_\_ & \_\_\_\_\_

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

Position Title (indicate one):  TTWC Staff  Church Member  Visitor  Other \_\_\_\_\_

### LOCATION OF INCIDENT:

Place of business: \_\_\_\_\_ Primary Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #'s: \_\_\_\_\_ & \_\_\_\_\_

Inside the building (specify the location) \_\_\_\_\_

Outside the building (specify the location) \_\_\_\_\_

Incident occurred during: \_\_\_\_\_

### OTHER GENERAL DETAILS:

Was the Non-Emergency Dispatcher or 911 called?  Yes  No If yes, which was called? \_\_\_\_\_

If this is an injury report, did emergency personnel give the victim treatment?  Yes  No

If yes, indicate what type of treatment \_\_\_\_\_

Was the victim transported by emergency personnel?  Yes  No If so, to where? \_\_\_\_\_

