



Truth Transformation Worship Center

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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? _____

Did the victim refuse treatment or transport by emergency personnel? Yes No

If no, what was reason given? _____

Describe the type of injury: _____

Was the victim wearing personal protective equipment? Yes No

DESCRIPTION OF INCIDENT:

Contact information of other persons involved in incident:

Name _____ Address _____ Tele. _____ Witness Victim

Name _____ Address _____ Tele. _____ Witness Victim

Name _____ Address _____ Tele. _____ Witness Victim

Name _____ Address _____ Tele. _____ Witness Victim

Person completing this form: _____ TTWC Position Title: _____

Signature: _____ Date: _____