

Pioneer Quilters Guild Incident/Accident Report

Date and Time of Incident: _____ am / pm

Name of Person(s) involved: _____

Contact Info: _____

Name of Person(s) involved: _____

Contact Info: _____

Location/Address of Incident: _____

What Happened: _____

Details and Observations: _____

Was 911 called? Yes _____ No _____

Did Incident/accident result in: Injury _____ Property Damage _____

Was Medical Attention given?:

Name and contact information of Witness(es)

Name of Person: _____

Contact Info: _____

Name of Person: _____

Contact Info: _____

Where any photos taken that were pertinent to the incident? _____

Who has possession of the photo(s)?

Name of Person: _____

Contact Info: _____

Additional Information (if available)

Reporting Person _____

Contact Information _____

Signature _____

Notify the Guild's President or Vice President with 24 hours. The information in this report may need to be shared with our Insurance Provider within that timeframe.

Mail a copy of this form to the Guild's Secretary and President.