

Witnesses

Ask any witnesses to the accident to describe what happened. Have two witnesses present to document the comments, questions, and answers. No one is obligated to answer these questions. The following questions should be asked: 1. What were you doing when the accident occurred? 2. Did you see the accident? 3. According to your understanding, what happened? (Please do not ask any other questions; specifically, do not discuss who or what may have been at fault, the cause of the accident, or reference to any legal action.)

Name: _____ (Phone Number)

Address: _____ (Street) (City) (State) (ZIP)

Name: _____ (Phone Number)

Address: _____ (Street) (City) (State) (ZIP)

Other Individuals who may have helpful information

Name: _____ (Phone Number)

Address: _____ (Street) (City) (State) (ZIP)

Coordinating Elder

Name: _____ (Phone Number)

Address: _____ (Street) (City) (State) (ZIP)

(Cong. Name) (City) (State) (Cong. No.)

If a citation was issued for the violation of any ordinance or statute, please enclose a copy of the citation. If an investigation was conducted by a third party (i.e. Police, Insurance Company, Attorney, etc...) please provide us with a copy of their report along with the name, address, and telephone number of the person conducting the investigation.

Signature of Presiding Overseer

Date Completed

Return completed form along with copies of citations, investigation reports, and/or eyewitness accounts of the accident (if applicable) to:

Watchtower
Attn: Risk Management
25 Columbia Heights
Brooklyn, NY 11201-2483

Information about the Injured Person

(If the injured person is unavailable to answer questions, please complete this information to the best of your knowledge)

Name: _____ (Phone Number) _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Age: _____ Male Female Baptized Elder Ministerial Servant Pioneer Other _____

Occupation: _____ Employer: _____

Health Insurance Name of Insurance Company: _____

Location of Accident

Facility Name: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Date of Accident: _____ Time of Accident: _____

Activity when Accident Occurred: _____

Description of Injury

For *Description of Injury* and *Injured Person's Account* sections: Ask the injured party what happened. Have two brothers present while documenting the comments, questions, and answers. The following questions should be asked. 1. What were you doing when the accident occurred? 2. How did the accident happen? 3. What injury did you suffer?

Description of Injury: _____

How was it treated? Doctor's Office Hospital Outpatient Hospital Inpatient

Doctor's Name: _____ (Phone) _____

Doctor's Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

If hospitalized how taken to hospital? _____ Expected recovery duration: _____

Injured Person's Account

Please describe how the accident occurred, including all contributing factors. _____

Please attach a **diagram** on letter-size paper of the location describing where the injury occurred.

Please attach **photographs** of the location of the accident, showing the arrangement of items at the time of the accident. Please indicate if the photographs are of the scene shortly after the accident, or if some time has passed and this is a reconstruction of the accident site.