

**Hebrew Missionary Baptist Church
1338 Gault Street - Columbus, Ohio 43205
Dr. Bennie T. Henson Sr., Pastor
Incident/Property Damage Report Form**

Reported By _____ Dept. _____ Date _____

Date of Incident _____ Time of Incident _____ a.m. _____ p.m.

Location of Incident _____

Was Police Dept. Notified ___yes ___no Fire Dept. ___yes ___no

Incident Report

Please provide a brief description of the type of damage:

_____ Injury to Person _____

_____ Damage to Property _____

_____ Other (describe) _____

Name of Party _____

Phone _____ Address _____

Driver's License No _____

Briefly Describe What Happened: _____

Did party indicate intent to file a claim against agency? ___yes ___no

Witnesses:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Incident Activity Log

Date _____ Comments _____ Diary/Activity _____
