



HABITAT FOR HUMANITY AFFILIATE INSURANCE PROGRAM

Incident Report

INCIDENT INFORMATION	<i>Note contributing factors: weather conditions, obstructions, etc</i>
Contact Person:	Email:
Phone:	
Date of Incident:	Time of Incident:
Location of Incident:	
Authority Notified, if any:	
Full Description of What Happened:	

INJURED PARTY	<i>Attach additional page if needed</i>	
Name:	Email:	Phone:
Complete Address:	<i>circle</i> Male Female	
Description of Injury:		
On Site Treatment:		

PROPERTY DAMAGE	<i>If leased obtain name, address and phone of leasing company</i>	
Description of Property:		
VIN or serial #:	Lic. Plate #:	
Owner Name:	Email:	Phone:
Owner Address:	Driver Lic. #:	
Description of Damages:		

WITNESS		
Name:	Email:	Phone:
Complete Address:		
Name:	Email:	Phone:
Complete Address:		

Signed _____ Date of Report _____

Submit completed form along with photos to the Insurance Administrator