NEW SONG COMMUNITY CHURCH

INCIDENT REPORT FORM

Instructions: Use this form to record details about any incident involving injury, property damage, or physical threat. Turn this form into your ministry leader, then they will turn it into HR.

Ministry leader contacts: For Promiseland: Sarah Hill (Promiseland@newsongchurch.com), for Facilities: Cyrus Greene (Facilities@newsongchurch.com), for Mosaic: Hector Rodriguez (Mosaic@newsongchurch.com)

DATE OF REPORT _____
mm/dd/yyyy

PERSON COMPLETING REPORT

Name: _____ Title/Role: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

PERSON IN CHARGE OF ACTIVITY

Name: _____ Title/Role: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

WITNESSES

Name: _____ Title/Role: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

Name: _____ Title/Role: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

☐ Additional witness info attached

Rev. 06/2026

INCIDENT DETAILS

Name/nature of activity: _____

Specific location of incident: _____

Date of incident: _____ Time of incident: _____ ☐ a.m. ☐ p.m.
mm/dd/yyyy

Description of incident: *(Describe the incident in full detail, including names of all involved parties, contact info, dates, nature of injury or property damage. Attach and number additional pages and/or documents and include photographs, notes, emails, texts, and/or reports. If a vehicle is involved, attach a copy of driver(s)' info, registered owner info, and insurance card.*

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_____ ☐ Additional pages attached

POLICE DETAILS Were police contacted? ☐ Yes ☐ No Did police respond? ☐ Yes ☐ No

Police agency: _____ _____ Report #:_____

Officer(s) names: _____

PHYSICAL INJURY Did the incident involve physical injury? ☐Yes ☐No

Injured person's name: ________________________________ Title/Role: _______________ ☐Adult or ☐minor?

If minor, parent(s) name: ____ Parent notified? ☐Yes ☐No

Address: ______________________________________ City: ____________________ State: ______ Zip: ________

Cell #: (_____)_______________ Work #: (_____)_______________ Email: ________________________________

Nature of injury: ____ Photos? ☐Yes ☐No

Injured person's name: ________________________________ Title/Role: _______________ ☐Adult or ☐minor?

If minor, parent(s) name: ____ Parent notified? ☐Yes ☐No

Address: ______________________________________ City: ____________________ State: ______ Zip: ________

Cell #: (_____)_______________ Work #: (_____)_______________ Email: ________________________________

Nature of injury: ____ Photos? ☐Yes ☐No

Injured person's name: ________________________________ Title/Role: _______________ ☐Adult or ☐minor?

If minor, parent(s) name: ____ Parent notified? ☐Yes ☐No

Address: ______________________________________ City: ____________________ State: ______ Zip: ________

Cell #: (_____)_______________ Work #: (_____)_______________ Email: ________________________________

Nature of injury: ____ Photos? ☐Yes ☐No

Injured person's name: ________________________________ Title/Role: _______________ ☐Adult or ☐minor?

If minor, parent(s) name: ____ Parent notified? ☐Yes ☐No

Address: ______________________________________ City: ____________________ State: ______ Zip: ________

Cell #: (_____)_______________ Work #: (_____)_______________ Email: ________________________________

Nature of injury: ____ Photos? ☐Yes ☐No

☐Additional pages attached

PROPERTY DAMAGE Did the incident involve property damage or loss? ☐Yes ☐No

Owner's name: _____ Title/Role: _____

Is this owner an ☐adult, or ☐minor? If minor, parent(s) name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

Nature of damage/loss: _____ Photos? ☐Yes ☐No

Owner's name: _____ Title/Role: _____

Is this owner an ☐adult, or ☐minor? If minor, parent(s) name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

Nature of damage/loss: _____ Photos? ☐Yes ☐No

Injured person's name: _____ Title/Role: _____

Is this injured person an ☐adult, or ☐minor? If minor, parent(s) name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

Nature of damage/loss: _____ Photos? ☐Yes ☐No

Owner's name: _____ Title/Role: _____

Is this owner an ☐adult, or ☐minor? If minor, parent(s) name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: (_____)_____ Work #: (_____)_____ Email: _____

Nature of damage/loss: _____ Photos? ☐Yes ☐No

☐Additional pages attached