

Notice of Occurrence/Claim

Please deliver to the attention of:
 Kernan Blvd Baptist Church
Randall Crawford
 Fax:(904) 641-1777 Phone (904) 318-7312
 randall.crawford@kernanbaptist.org

Occurrence / Claim

Date of Occurrence: _____ **Time of Occurrence:** _____
Location of Occurrence: _____
Contact Name: _____ **Phone Number:** _____
Description of Occurrence or Incident: _____

Other Party Injured / Property Damaged

Name (Injured/Owner) _____
Address (city, state, apt number) _____
Phone (include available hours) _____ **Age** _____ **Sex** _____
Description of Injury: _____
Description of Property: _____

Damage to Company Property

Name of Person causing damage _____ **Tel. No.** _____
Address: _____
Accident Reported To: _____ **Officer's Name:** _____ **Phone Number:** _____
Police Report Number: _____ **Citation:** Y/N **Person Cited:** _____
Damage is to be repaired as follows: _____

Witnesses

	Name and Address	Business Phone (Hours, Ext)	Residence Phone (Hours)
1	_____	_____	_____
2	_____	_____	_____

Please attach any other information (Summons, Witness Statements, Photos, Invoices)

