

Diocese of Toronto – Incident Reporting Form

Policy no.: PM-ON3001 Date of report: _____ Date of loss: _____
 Certificate no.: _____ Church name: _____
 Name of person completing report: _____ Contact person: _____
 Contact email: _____ Contact phone no.: _____

Complete for all liability incidents (i.e. slips and falls)

Type of loss: Bodily injury Professional liability (errors and omissions, directors' and officers' liability)
 Property damage Crime (inside/outside robbery, employee dishonesty etc.)

Name of claimant: _____ Phone number: _____

Location of incident: Inside Outside Sidewalk/steps Parking lot Cemetery Other

Weather conditions: Rain Snow Sleet Icy/slippery Hot/humid Windy Clear

Details of incident: _____

Time of day: _____ : _____ a.m. p.m.

Was anyone injured? Yes No Were medical services provided? Yes No

Note: Do not make any statements or declarations accepting or admitting liability

Complete for all Property Losses (i.e. damage to buildings, contents, equipment, etc.)

Type of loss: Fire Theft Water (specify type i.e. flood, sewer backup, plumbing etc.)
 Wind Vandalism Other (specify)
 Lightning Boiler/machinery (accidental breakdown of air conditioning units, electrical panels etc.)

Location of incident: _____

Description of incident: _____

Estimated value of property damaged/lost/stolen (\$): _____

Witnesses

Name	Telephone

Police Information

Name of the investigating officer: _____ Occurrence no.: _____
 Badge number: _____ Phone no.: _____
 Division or region: _____
 Additional details: _____

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- For fraud detection and prevention
- For analytics purposes by aggregating or otherwise de-identifying personal information
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