

**Restoration of Life Ministries International**  
**567 Marquette Dr. ~ Security CO 80911 (866) 556-5241**

**ACCIDENT/INCIDENT REPORT**

Accident/Incident Time: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_

Date of This Report: \_\_\_\_\_

Name of Person completing the Report: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_

Service Attended: \_\_\_\_\_

**Identification:**

Name of Individual(s) involved in accident/incident (if more than one individual add contact information):

\_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Member

Visitor

Employee

Other (please explain)

**Nature of accident/incident:**

**Nature of Alleged injury:** \_\_\_\_\_

No injury

Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the family contacted: \_\_\_ Yes \_\_\_ No, please explain:

\_\_\_\_\_

Name of ROLMI Leadership Staff notified: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_