



Evangelism Trailer Incident Report

Date of Event _____

Church/Organization Name: _____

Contact Name: _____ Cell Phone: _____

Event Location: _____

Details of Occurrence: (Be as detailed as possible, attach another sheet of paper if necessary)

Equipment being used at the time of the occurrence: _____

Personal Injuries: No ____ Yes ____ If yes, provide details:

Insurance Claims Filed: (Include any numbers and companies) _____

Was equipment lost or damaged: No ____ Yes ____ If yes, provide details:

GTBN Office Use Only

Equipment to be repaired or replaced: _____

Negligence: No ____ Yes ____ Normal Wear and Tear: No ____ Yes ____

Cost of Replacement: _____ Cost of Repair: _____

Future Use: No ____ Yes ____ Charged to: Church ____ GTBN ____

Comments: _____
