

# ACCIDENT REPORT

1. This *Accident Report* (TO-5) should be completed for all accidents requiring medical treatment beyond minor first aid. Please send it to the Risk Management Desk within one week. Keep a copy for your file.
2. Please ensure that the injured person receives appropriate medical attention promptly. If the injury appears serious, it may be best to call for an ambulance.
3. Appoint an experienced elder, preferably from the same congregation as the injured person, to be the contact elder for all postaccident matters. He should keep in close touch with the injured person to see if any help may be needed, even if the injured person is not one of Jehovah's Witnesses. Christian love and concern will move us to be especially kind and helpful.
4. In the event of a serious injury (e.g., broken bones, back injury, concussion, bad sprain), please call the branch office at (718) 560-5000 within 24 hours, even

if it appears that no funds are needed to pay bills. Failure to report accidents promptly may jeopardize financial assistance or insurance coverage. Please provide the accident date, the injured person's name, the congregation name, and the contact elder's name, phone number, and address.

5. If financial help is requested or if there are questions about medical bills or other costs, please contact us promptly. We are pleased to assist as we are able.

6. Do not discuss fault or liability with anyone other than a Risk Management Desk representative. If there is talk of legal action or if you receive an attorney's letter, please contact us immediately. If you receive a phone call from someone representing the injured person, do not discuss the matter with them. Note their name, address, and phone number and explain that someone will contact them; then call the Risk Management Desk immediately.

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## *Information About the Injured Person*

Name: \_\_\_\_\_ (Phone number) \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Province or state) \_\_\_\_\_ (Zone or code)

Age: \_\_\_\_\_  Male  Female  Baptized  Elder  Ministerial servant  Pioneer  Other \_\_\_\_\_  
(Please check all that apply.)

\_\_\_\_\_ (Congregation name) \_\_\_\_\_ (City) \_\_\_\_\_ (Province or state) \_\_\_\_\_ (Congregation number)

Occupation: \_\_\_\_\_ Health insurance company: \_\_\_\_\_

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## *Location of Accident*

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Province or state) \_\_\_\_\_ (Zone or code)

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## *Description of Incident*

For this section: Ask the injured party to describe what happened. Have two brothers document the comments, questions, and answers. The following questions should be asked: (1) What were you doing when the accident occurred? (2) What injury did you suffer? (3) How did the accident happen?

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

**1. Activity when accident occurred:** \_\_\_\_\_

**2. Description of injury:** \_\_\_\_\_

Where treated?  Doctor's office  Hospital outpatient  Hospital inpatient

If hospitalized, how taken to hospital? \_\_\_\_\_ Expected recovery duration: \_\_\_\_\_

**3. Injured person's account:** \_\_\_\_\_

(Please describe how the accident occurred, including all contributing factors.)

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***Witnesses***

Complete this section for serious injuries. Please ask any witnesses to the accident to describe what happened. Have two brothers present to document the comments and answers on a separate sheet of paper. No one is obligated to answer these questions. Please ask the following questions: (1) What were you doing when the accident occurred? (2) Did you see the accident? (3) According to your understanding, what happened? (Please do not discuss who or what may have been at fault, the cause of the accident, or reference to any legal action.) Additionally, please attach a diagram of the location, describing where the injury occurred, as well as photographs of the accident location, showing the arrangement of items at the time of the accident. Please indicate when the photographs were taken.

Name: \_\_\_\_\_  
(Phone number)

Address: \_\_\_\_\_  
(Street) (City) (Province or state) (Zone or code)

Name: \_\_\_\_\_  
(Phone number)

Address: \_\_\_\_\_  
(Street) (City) (Province or state) (Zone or code)

***Other Individuals Who May Have Helpful Information***

Name: \_\_\_\_\_  
(Phone number)

Address: \_\_\_\_\_  
(Street) (City) (Province or state) (Zone or code)

***Contact Elder***

Name: \_\_\_\_\_  
(Phone number)

Address: \_\_\_\_\_  
(Street) (City) (Province or state) (Zone or code)

\_\_\_\_\_  
(Congregation name) (City) (Province or state) (Congregation number)

\_\_\_\_\_  
(Coordinator of the body of elders or assembly overseer—Sign and print name) (Date completed)

**Send completed form along with copies of eyewitness accounts of the accident (if applicable) to the branch office, using one of the following methods:**

- Fax: (718) 560-7446
- E-mail: [treas@jw.org](mailto:treas@jw.org)
- Postal mail: Watchtower, Attn: Risk Management Desk, 25 Columbia Heights, Brooklyn, NY 11201-2483