

ACCIDENT REPORT

1. This *Accident Report* (TO-5) should be completed in English for all accidents requiring medical treatment beyond first aid. Please send it to the Risk Management Desk within 72 hours of the accident. 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 emergency medical transport.

3. Designate 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 death or a serious injury (e.g., broken bones, back injury, concussion, bad sprain), please call the Risk Management Desk at (718) 560-5000 within

24 hours. After hours, call (718) 560-7475 (RISK) and follow the instructions provided. Please be prepared to provide the date of the accident, the injured person's name, the congregation name, and the contact elder's name and home and cell-phone numbers. Serious injuries should be reported, even if it appears that no funds are needed to pay bills. Failure to report accidents promptly may jeopardize financial assistance or insurance coverage.

5. If financial help is requested or if there are questions about medical bills or other costs, please contact us promptly.

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 him. Note the caller's name, address, and phone number and explain that someone will be in contact with him; then call the Risk Management Desk immediately.

Information About the Injured Person

Name: _____ (Phone number) _____

Address: _____ (Street) _____ (City) _____ (Province or state) _____ (Zone or code)

Date of birth: _____ 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: _____

Location of Accident

District convention Assembly Hall Kingdom Hall Other

Facility name: _____

Address: _____ (Street) _____ (City) _____ (Province or state) _____ (Zone or code)

Please attach a diagram of the general location, describing where the accident occurred, as well as photographs of the accident location that show the arrangement of items at the time of the accident. Please indicate when the photographs were taken. Do not photograph the injured person.

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. Injuries: _____

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.)

Witnesses

Complete this section for serious injuries. Please ask any witnesses to the accident or any other individuals who may have helpful information 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.)

Name: _____
(Phone number)

Address: _____
(Street) (City) (Province or state) (Zone or code)

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

Name: _____
(Phone number)

Address: _____
(Street) (City) (Province or state) (Zone or code)

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

Name: _____
(Phone number)

Address: _____
(Street) (City) (Province or state) (Zone or code)

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

Contact Elder

Name: _____
(Home and mobile-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, Regional Building Committee chairman, convention overseer, or assembly overseer
—Sign and print name)

(Home and mobile-phone number) (Date completed)

Send completed form along with copies of eyewitness accounts of the accident (if applicable) to the Risk Management Desk, using one of the following methods:

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