

Society of Saint Vincent de Paul
Indianapolis Council
Insurance Reporting Procedure

This procedure is intended to provide volunteers with the steps that need to be taken in the event of:

- A personal injury, volunteer or client, which takes place on SVdP property or in conjunction with performing services for SVdP.
- An accident involving a SVdP owned vehicle resulting in personal injury and/ or property damage.
- A non-vehicle accident resulting in property damage caused by actions of a SVdP volunteer performing services.

Vehicle related situations are reported using the Vehicle Accident Report form included in each vehicle. Non- Vehicle related accidents are reported using the Incident Report included below.

In the event of an accident involving personal injury or property damage, please do the following:

- Verbally report the incident immediately to the SVdP volunteer who is supervising the activity.
- Supervisors receiving the incident notification (accident involving personal injury or property damage not involving an SVdP vehicle) should:
 - Assist in seeking medical assistance if appropriate.
 - Discuss the incident details with the volunteer(s) involved.
 - Advise the volunteer to complete an incident report
- Completed Incident should be reviewed by the SVdP supervisor to assure the report is properly completed and the facts describing the incident are consistent with the supervisors understanding.
- Completed reports should be given/mailed to the Council President within 24 hours of the incident.
- If immediate insurance assistance is needed please call the Jackson Insurance Agency at 800-878-3730 or the SVdP Insurance Coordinator at 317-679-6572.

**Indianapolis Society of St Vincent dePaul
Incident Report**

Date: _____ Time: _____

<i>Check Any Applicable</i>	
Injury	_____
Warning	_____
Suspension	_____
Banned	_____



Subjects Name: _____
Address: _____ _____
Telephone# _____
Witness Name: _____
Address: _____ _____
Telephone# _____
Describe What Happened: _____ _____ _____ _____ _____ _____ _____ _____
Action Taken: _____ _____ _____ _____ _____
Additional Information: _____ _____ _____

SVdP Volunteer Completing Form: _____ Telephone# _____
Volunteer email Address _____

Distribution of Copies: Pantry/Warehouse Manager and SVdP Council President