



## Global Village Incident Report

The Global Village program requires that an Incident Report be completed and emailed to the GV office and area office as soon as possible after the incident (no later than two days after the incident occurs) in order to ensure the incident is tracked to its resolution.

**ACE Insurance MUST be contacted IMMEDIATELY in cases of an accident, injury, illness, political turmoil or catastrophic event.**  
**1-855-474-3037 toll free in the USA or Canada**  
**1-240-330-1432 collect outside the USA**

### SECTION 1: INFORMATION

Date of Incident (MM-DD-YYYY)		
Time of Incident (AM/PM)		
Specific Location of Incident		
Team Member's Full Name		Date of Birth
GV Event Code & Project Location		
Team Leader's Full Name		
GV Host Coordinator's Full Name		

### SECTION 2: TYPE OF INCIDENT (check all that apply)

<input type="checkbox"/> Minor illness/injury*	<input type="checkbox"/> Assault***	<input type="checkbox"/> Political Turmoil
<input type="checkbox"/> Major illness/injury**	<input type="checkbox"/> Vehicular accident***	<input type="checkbox"/> Missing Team Member
<input type="checkbox"/> Vandalism***	<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Early Departure
<input type="checkbox"/> Theft/Robbery***	<input type="checkbox"/> Arrest	<input type="checkbox"/> Other
*Minor illness/injury can be treated by the casualty and is not life threatening	**Major illness/injury requires medical attention and can be life threatening in some situations	***These incidents will require filing a police report.

### SECTION 3: ACTIVITY AT TIME OF INCIDENT (check one)

<input type="checkbox"/> Building (on build site)	<input type="checkbox"/> Cultural/Community Activity
<input type="checkbox"/> Traveling to/from build site, hotel, airport	<input type="checkbox"/> Other (explain)



**SECTION 4: DESCRIPTION OF INCIDENT** (Use short, to-the-point, fact-oriented sentences that don't leave room for interpretation).

**SECTION 5: LIST OF WITNESSES**

	Name	Contact Details
1.		
2.		
3.		

**SECTION 6: OUTCOME** (answer only the questions that apply)

Was first aid provided? YES  NO

How many days missed from Itinerary?

ACE Case Number

Name of facility that provided care

Were expenses incurred? YES  NO

Name of Person who paid for expenses

In the event of a vehicular accident, theft, vandalism or assault, please obtain a police report and attach a copy.

Was a police report filed? YES  NO

Submitter Name

Date

Submitter Signature