

Accident Investigation Report

Name of Injured: _____ Date of Report _____

Date of Accident _____ Time of Accident _____ AM / PM

Location of Accident (be specific): _____

Reason for being at church: _____

Person in charge: _____

Nature of the Injury: _____

Describe FULLY the Nature of Accident _____

Name of Witness _____ Phone #: _____

Name of Witness _____ Phone #: _____

Address of Injured Person _____

Phone # of Injured Person _____

If injured is a minor, Parent's Signature _____

Preparer's Signature _____

Preparer's Position/Title _____ Phone #: _____

FOR OFFICE USE ONLY

Action taken: _____

Describe Follow-Up Plans: _____

Responsible Person's Name: _____ Date _____

Responsible Person's Signature: _____