

# ACCIDENT REPORT

**Epworth United Methodist Church, 4241 Arno Road, Franklin, TN 37064**

*This form is to be completed by the person witnessing or reporting an accident at Epworth United Methodist Church, 4241 Arno Road, 4340 Arno Road, or during a church- sponsored event off premises.*

## PLEASE PRINT

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m./p.m.

Name of Injured: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ M / F

Address of Injured: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Injured: \_\_\_\_\_ Name of Parent/Guardian (if under 18): \_\_\_\_\_

Location where accident occurred: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe the accident: \_\_\_\_\_

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If applicable, draw a diagram of the room set up where the accident took place.

Name of persons witnessing the accident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name of Person filing report: \_\_\_\_\_

Signature of Person filing report: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

*Please return completed form to the Church Administrator*