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## ACCIDENT INVESTIGATION REPORT

Name of Church \_\_\_\_\_ Church ID # \_\_\_\_\_ Phone \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ AM/PM \_\_\_\_\_

Location of Incident \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Describe Incident:

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Describe Damages: \_\_\_\_\_

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Call to law enforcement needed? \_\_\_\_\_ Responding Department \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person Injured \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Parent or Guardian (if applicable) \_\_\_\_\_

Relationship with Church – Employee \_\_\_\_\_ Member \_\_\_\_\_ Volunteer \_\_\_\_\_ Visitor \_\_\_\_\_

Medial Treatment Needed? Describe: \_\_\_\_\_

How could this accident have been prevented? \_\_\_\_\_

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What action will be taken to prevent future incidents? \_\_\_\_\_

Investigation completed by: \_\_\_\_\_ Date \_\_\_\_\_

Incident Report forwarded to: \_\_\_\_\_ Date \_\_\_\_\_