



First Presbyterian Church
621 College Avenue • Wooster, Ohio 44691
(330) 264-9420 • www.firstpreswooster.org

ACCIDENT/INCIDENT REPORT FORM

Date of incident: _____ Time: _____ A.M./P.M.

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Who was the injured person? (Circle one)

Volunteer Passenger Visitor Church Member

Type of Injury: _____

Details of incident: _____

Injury requires physician/hospital: Yes _____ No _____

Name of physician/hospital _____

Address: _____

Signature of injured party _____

Date

No medical attention was desired and/or required. Please sign on signature line below.

Signature of injured party _____

Date

Return this form to First Presbyterian Church office within 24 hours of incident.

Report received by _____ Date _____ Time _____