



**MONTGOMERY UNITED METHODIST CHURCH**

**"GROWING IN CHRIST, SHARING HIS LOVE"**

**MONTGOMERY UNITED METHODIST CHURCH**

**Accident Report Form**

Date of Accident: \_\_\_\_\_

Location of Accident (be specific):

\_\_\_\_\_

List any witnesses to Accident:

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

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

What function was the person involved in the accident attending?

\_\_\_\_\_

Who was in charge of the function?

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

Telephone: \_\_\_\_\_

Did the accident result in injury?      Yes: \_\_\_\_ No: \_\_\_\_

Describe fully the nature of the injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Was medical attention required?      Yes: \_\_\_ No: \_\_\_

If yes, explain:

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Preparer's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Preparer's Signature \_\_\_\_\_

Date of Report: \_\_\_\_\_

**Please file this report with Montgomery United Methodist Church  
within two business days of the**