

**ST. ANDREW'S UMC  
1901 ARCHDALE DRIVE, CHARLOTTE NC 28210  
704-553-1327**

---

**ACCIDENT REPORT FORM**

**To be completed whenever any non-minor injuries occur**

**Date of Accident:** \_\_\_\_\_ **Time of Accident** \_\_\_\_\_  
*Month - Day - Year* *Time of Day AM/PM*

**Name of individual injured:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

---

**Location of accident:** \_\_\_\_\_  
*Where in building did accident occur?*

**Parent or Guardian of person injured:** \_\_\_\_\_

**Name of person(s) who witnessed the accident:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Describe accident and action taken:**

---

---

---

---

---

**Name of individual completing Accident Report Form:** \_\_\_\_\_

**Date/Time parent or Guardian notified:** \_\_\_\_\_

**Date/Time Ministry Leader notified:** \_\_\_\_\_