

**Orange United Methodist Church  
Incident/Accident Report Form**

Date of Incident/Accident: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Name of Person involved: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Names of other persons involved: \_\_\_\_\_

\_\_\_\_\_

Staff Member present: \_\_\_\_\_

Adult in Charge present: \_\_\_\_\_

Describe the sequence of events in detail, including what all persons involved in the incident/accident were doing at the time. Use additional pages if necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location where incident/accident occurred: \_\_\_\_\_

\_\_\_\_\_

Were CPS or other authorities contacted? If so, provide names and contact numbers:

\_\_\_\_\_

\_\_\_\_\_

Actions taken in response to incident (emergency procedures following accident):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses of incident/accident: \_\_\_\_\_

\_\_\_\_\_

Report submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Position of Reporter: \_\_\_\_\_