

*First United Methodist Church of Port Orange*

**Accident/Incident Report**

Date of Accident/Incident: \_\_\_\_\_ Reported to: \_\_\_\_\_

Name of Volunteer or Staff: \_\_\_\_\_

Place of Accident/Incident: \_\_\_\_\_

Describe Accident/Incident:

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Describe Nature of Injury

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Witness (es) to Accident/Incident:

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What Action Was Taken?

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Describe Medical Treatment/First Aid:

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Signature of Volunteer/Staff Completing Form \_\_\_\_\_

Date/Time

Signature of Person in Charge \_\_\_\_\_

Date/Time