

**EBENEZER UNITED METHODIST CHURCH TRUSTEE**

3330 CLEVELAND AVE, COLUMBUS OHIO 43224 • Phone: 614 447 1500 •

**INCIDENT REPORT FORM**

**Personal details**

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

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

Phone Number: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Accident/Incident details**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Witness: \_\_\_\_\_

Reported to whom: \_\_\_\_\_

Details of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Injury-Nature of Injury**

Crush     Fracture     Internal injury     Dermatitis  
 Open wound     Concussion     Burn     Sprain/strain     Dislocation

**Location of Injury**

Head/Face     Eye     Internal organs     Hand/Finger  
 Hip     Leg     Foot/toes     Back     Shoulder/Arms  
 Other (state) \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

**NB: There will be a deductible to be paid by the injured person**