

# ACCIDENT REPORT for Trinity Baptist Church

In the event of an accident please fill in the following information and submit this report to the church office at:  
33 Lund Rd, Nashua, NH 03060 – Immediately following the accident. Use back if necessary for more detail.

Person filling out report: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Name of Injured: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Date of Injury: \_\_\_\_\_ Time of injury \_\_\_\_\_

Describe Injury: \_\_\_\_\_

Describe events/conditions surrounding the injury: \_\_\_\_\_

What treatment was given? \_\_\_\_\_

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

Was an ambulance called?  Yes  No Time: \_\_\_\_\_

Witness Name & Signature: (Please List Name and Address)

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian informed if injured is a minor:  Yes  No Date Informed: \_\_\_\_\_

If injured is a minor: I have read the accident report and have examined my child.

Comments: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_