

**First Unitarian Universalist Church of San Antonio  
Accident/Incident Report**

Date of Report: \_\_\_\_\_

Person reporting the accident/incident: \_\_\_\_\_

Person(s) involved in accident/ incident: \_\_\_\_\_  
\_\_\_\_\_

Location of accident/incident (please be specific): \_\_\_\_\_

Date of accident/incident: \_\_\_\_\_ Time of accident/incident: \_\_\_\_\_

Description of what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, you can use the back of this form or add additional pages)

Action Taken or Treatment Given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, you can use the back of this form or add additional pages)

Witness (name, address, phone) \_\_\_\_\_

Witness (name, address, phone) \_\_\_\_\_

Person(s) notified of accident/incident \_\_\_\_\_  
(if accident/incident involved a minor, the parent/guardian must be notified)

X \_\_\_\_\_  
Person Completing Form Date

X \_\_\_\_\_  
Guardian (if minor involved) Date

X \_\_\_\_\_  
Minister Date

X \_\_\_\_\_  
DLRE (if minor involved) Date

***Please turn completed form into the church office.***