

# Accident and Incident Investigation Report

## Cross Church

Name of injured: \_\_\_\_\_ Date of injury: \_\_\_\_\_

Campus: \_\_\_\_\_ Time of injury: \_\_\_\_\_

Department/Ministry: \_\_\_\_\_ Activity/Event: \_\_\_\_\_

Name of person completing report: \_\_\_\_\_ Date of report: \_\_\_\_\_

Body part(s) affected:

Check: Mark "R" for right or "L" for left:

<input type="checkbox"/> Head	<input type="checkbox"/> Back	<input type="checkbox"/> Arm	<input type="checkbox"/> Wrist	<input type="checkbox"/> Hip	<input type="checkbox"/> Lower Leg
<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hand	<input type="checkbox"/> Thigh	<input type="checkbox"/> Ankle
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Other _____		<input type="checkbox"/> Finger	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot

Nature of injury: (check)  Severe Cut  Bruise  Other \_\_\_\_\_

- Describe how, where, and when the injury/incident occurred (ex: KDO classroom, playground, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- First aid rendered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Witnesses:

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

- Describe what the child/person said happened and/or what the volunteer/staff saw or observed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, please use the back of this sheet.)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_