



HOLMAN UNITED METHODIST CHURCH

Church of the Bells

ACCIDENT/INCIDENT REPORT INFORMATION

NAME: _____

PHONE #: _____

DATE OF ACCIDENT: _____ **TIME:** _____

Holman Member Holman Employee Visitor Other _____

DATE REPORTED TO HUMC OFFICE: _____ **TIME:** _____

PERSON TAKING REPORT: _____

LOCATION OF ACCIDENT/INCIDENT:

Sanctuary Multipurpose Building Education Building
 Patio Area Parking Lot Other _____

INJURY INFORMATION:

EMERGENCY ACTION TAKEN:

WITNESS(ES):

PHONE: _____
PHONE: _____
PHONE: _____

