

**FIRST UNITED METHODIST CHURCH
PERSONAL INJURY REPORT**

(This form to be used if Injury to a non-employee during a church activity)

Personal Information

Name of Injured Person: _____

Address: _____

City

State

Zip

Phone

Age

Date of Birth

Capacity of Person at Time of Accident: Volunteer Worker Participant Other: _____

Explain Accident (Provide Photos if possible):

Action Taken (Example, applied first aid; transported to hospital by ambulance; etc.)

Known Injury: _____

Submitted by: _____ Date: _____

Return this completed form to Church Administrator immediately

Claim Phone #: 1-800-428-3448

Location #: R-004-389

Reference #: _____

Adjuster Returned Call

Additional Info needed: _____

Call Conference: 688-5563, ext. 144

Other Important Notes