

Tigard Church of God

Accident Report

(Please fill out this form anytime there is an accident where someone is injured. Thank You!)

Name: *(Information on party injured)* _____

Date of Report: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Date of Accident: _____

Location of Accident: _____

Brief Description of Accident:

Care given at the scene of the accident[if any]:

Was this person taken to a doctor? Yes ___ No ___ Don't know ___

If yes, which doctor or hospital? _____

Did the person injured have medical insurance? Yes ___ No ___

If yes, name of insurance company? _____

Phone #: _____

Was the insurance company contacted? Yes ___ No ___ Don't know ___

What medical treatment was given by doctor/hospital:

Signature of individual filling out form: _____

Contact information(Cell phone/phone): _____