



## Churubusco United Methodist Church

750 N. Main Street

Churubusco, IN 46723

Ph # (260) 693-2154 / Fax # (260) 693-2155

### SAFE SANCTUARY ACCIDENT REPORT FORM

*(Please print all information)*

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

Name of employee/guest injured: \_\_\_\_\_ Age/birthdate: \_\_\_\_\_

Address of employee/guest injured: \_\_\_\_\_

\_\_\_\_\_

Phone number of employee/guest injured: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Parent or guardian name if employee/guest injured is a minor: \_\_\_\_\_

Contact information for parent or guardian: \_\_\_\_\_

\_\_\_\_\_

Date/time of contact with parent/guardian: \_\_\_\_\_

Name of parent/guardian contacted: \_\_\_\_\_

Name of person(s) who witnessed the accident: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of accident/injuries:

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Doctor seen: \_\_\_\_\_

**Submit this completed form to the church office within 24 hours of the incident.**

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Signature of Incident Reporter                      Date

Only call Churubusco United Methodist Church's Insurance Company if directed:

**Church Mutual Insurance Company**

Ph# 1-800-554-2642

(non-emergency calls during regular business hours 7 a.m. – 5:45 p.m. CST)

(emergency calls same phone #)

Can also submit claims at [www.churchmutual.com](http://www.churchmutual.com)

Site# 248038

WC Policy # 0231691-07-267442

General Liability Policy # 0231691

Please fill out the following information provided by the Insurance Company:

Claim #: \_\_\_\_\_

Incident # (if provided): \_\_\_\_\_

Claim Adj Name: \_\_\_\_\_

Ph #: \_\_\_\_\_

Fax #: \_\_\_\_\_