Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ a.m./p.m.

Location of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person handling incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual involved/injured:

Address:

Phone Number(s):

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_ Female \_\_\_\_\_\_\_

Please circle one: Visitor Parishioner Employee Volunteer Child/Student

**Type of incident:**

1. \_\_\_\_\_Injury to visitor, parishioner, employee, volunteer, child/student

Type of injury:

Details of incident:

Injury requires physician/hospital visit? Yes \_\_\_ No \_\_\_\_\_

Name and address of physician/hospital:

Physician/hospital phone number:

Signature of injured party \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date

\*No medical attention was desired and/or required.

\*

Signature of injured party Date

1. \_\_\_\_\_Menacing or threatening
2. \_\_\_\_\_Theft of property
3. \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(OVER)**

Rev July 19, 2017

**Describe the incident:**

**Summary of Action Taken** (Include any contact with fire dept., police, first aid given, etc.)

**Names and phone numbers of others involved:**

 Person involved: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person involved: Phone :

Person involved: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name, signature and phone number of person completing this form:**

**NOTE: The Secretary at the Parish Office should have this report as soon as possible, but no later than 9:00 a.m. on the morning following the incident.**

Information recorded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**If you think insurance is needed, complete the above, and supply the following also:**

 **Witness: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_**

 **Witness: \_\_\_ Phone: \_\_\_\_\_\_**