



## ST. POLYCARP CHURCH Accident/Incident Report Form

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

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

What event/meeting/Mass/etc. were you attending: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of person handling incident: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of individual involved/injured: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please circle one:    Child/Student    Employee    Parishioner    Visitor    Volunteer

Type of incident (Please check all that apply):

\_\_\_\_ Injury

\_\_\_\_ Medical

\_\_\_\_ Menacing/Threatening

\_\_\_\_ Theft of Property

\_\_\_\_ Other \_\_\_\_\_

Describe the incident:

If injury was involved, details of injury:



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If injury was involved: (please check all that apply)

\_\_\_\_ No medical attention required

\_\_\_\_ Required visit to physician

\_\_\_\_ Required visit to hospital

\_\_\_\_ 911 was called

\_\_\_\_ Medical attention was refused

For all injuries/incidents, summary of action taken; (include any contact with fire department, police, first aid given, parish office called for assistance, etc.)

Name of other involved or witness: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How was this person involved? : \_\_\_\_\_

Name of other involved or witness: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How was this person involved? : \_\_\_\_\_

Name of other involved or witness: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How was this person involved? : \_\_\_\_\_

**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 \_\_\_\_\_

Revised: March 29, 2022