

# INCIDENT REPORT

Name of Reporting Parish/Entity \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM \_\_\_ / PM \_\_\_ Day of the Week \_\_\_\_\_  
On Parish/Entity Property? Y (\_\_\_) / N (\_\_\_) Weather Condition \_\_\_\_\_  
Location Inside/Outside (Specify) \_\_\_\_\_

Name of Person Reporting Incident \_\_\_\_\_ Relationship to Individual(s) involved \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Individual(s) Involved \_\_\_\_\_ M (\_\_\_) F (\_\_\_) Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

CYO  Religious Ed.  Camp

Specify Association to Parish/Entity (ex. Volunteer (if volunteer specify position) visitor, parishioner, vendor, uninvited visitor, etc.)

Description of incident as reported to you \_\_\_\_\_

Statement of Individual(s) Involved \_\_\_\_\_

Damage to Property of others? Y (\_\_\_) / N (\_\_\_) Specify \_\_\_\_\_

Witnesses to the incident? Y (\_\_\_) / N (\_\_\_) (If yes, indicate name, address and phone #)

1. Witness Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to individual(s) involved \_\_\_\_\_

2. Witness Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to individual(s) involved \_\_\_\_\_

3. Witness Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to individual(s) involved \_\_\_\_\_

Date reported to Parish/Entity \_\_\_\_\_ In Person (\_\_\_), By Phone (\_\_\_), By Mail (\_\_\_)

Parish/Entity representative completing report \_\_\_\_\_

(Print)

(Signature)

Title \_\_\_\_\_ Phone \_\_\_\_\_

Police respond? Y ( ) / N ( )

Officer's Name \_\_\_\_\_ Department \_\_\_\_\_ Pct. \_\_\_\_\_

FD/EMS respond? Y ( ) / N ( )      Refused medical treatment? Y ( ) / N ( )

Was any medical treatment rendered at scene? Y ( ) / N ( )

If yes, describe \_\_\_\_\_

Transported to Hospital? Y ( ) / N ( )      Via: Ambulance ( ), Private Vehicle ( )

Name of Hospital \_\_\_\_\_

Injuries? Y ( ) / N ( )      If yes, describe \_\_\_\_\_

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