



Accident/Incident Report Form

Date Form Completed: _____ **Person Completing Form:** _____

Activity/Event: _____

Location of Activity/Event (Address): _____

Phone # for Location: _____ Email: _____

Date of Incident: _____ Time: _____ AM or PM

Incident Category (Please check appropriate): Injury Abuse Disclosure Safety Concern

Damage to Property Transported by ambulance Other: _____

Were pictures taken? Yes No If yes, where are they stored? _____

Person's Name involved in Incident: _____

Age: _____ DOB: _____ Sex: _____ Student of: _____

Address: _____

Phone: (____) ____ - _____ Other Contact: _____

Parent/Guardian's Name (if applicable): _____

Address (if different above): _____

Phone: (____) ____ - _____ Other Contact: _____

Who witnessed event: _____

Phone: (____) ____ - _____ Other Contact: _____

Other Witnesses or Passengers if Automobile Accident (Please include contact information):

Automobile Loss/Accident Information:

Vehicle Information: Year _____ Make _____ VIN#: _____

Driver: _____ Phone #: _____

Driver's Relationship to Insured: _____

Driver working at time of accident? ____ Yes ____ No

Where can vehicle be seen? _____

Owner of other vehicle or property (Name/Address/Phone Number):

Driver of Other Vehicle: _____ Driver's Insurance Company: _____

Vehicle Type: _____

Authority Contacted: _____ REPT #: _____

Please describe the incident, in detail. Include the specific incident and location of incident. Include detailed information about automobile accident damage to both vehicles/property. Attach additional sheets if necessary.

Action taken:

CPS Report Information, if applicable:

Worker: _____ **Report #:** _____

Follow-Up:

____ Parents notified, if appropriate.

Who notified parents? _____ Date Contacted: _____

Results: _____

Follow Up needed: _____

Signature of Staff in Attendance

Signature of Supervisor

Date

This original document should be kept in a file marked "CONFIDENTIAL" in the parish office.