



DIOCESE OF MONTEREY
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831 373-4345
FAX 373-5765

INCIDENT REPORT

(To be completed by the location)

DATE: _____ **TIME:** _____

PARISH/DEPARTMENT/SCHOOL: _____

ADDRESS: _____

LOCATION AT WHICH INCIDENT TOOK PLACE:

DESCRIPTION OF INCIDENT: _____

PERSON OR PROPERTY INVOLVED IN THE INCIDENT: _____

ADDRESS: _____

AGE: _____ **TELEPHONE NUMBER:** _____

NATURE AND EXTENT OF INJURY OR PROPERTY DAMAGE: _____

WHY WAS THE PERSON ON PREMISES: _____

DIOCESE OF MONTEREY
INCIDENT REPORT

WITNESSES

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

POLICE/FIRE DEPARTMENT

NAME OF OFFICER: _____

BADGE NUMBER: _____

TELEPHONE NUMBER: _____

AMBULANCE: _____

REMARKS: _____

PARISH/DEPARTMENT/SCHOOL

FORM COMPLETED BY (NAME): _____

TITLE: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

