



**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.*