DIOCESE of COLUMBUS

OFFICE of INSURANCE

INCIDENT REPORT/ACCIDENT REPORT

for insurance liabilities purposes only

PARISH/SCHOOL _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____

PARISH EMAIL _____

PERSON REPORTING _____

DATE FORM COMPLETED _____ (MM) /_____ (DD) /_____ (YYYY)

DATE OF ACCIDENT _____ (MM) /_____ (DD) /_____ (YYYY) TIME OF ACCIDENT _____ (AM/PM)

WHERE ACCIDENT OCCURRED _____

WERE PHOTOGRAPHS TAKEN? ☐ YES ☐ NO

DESCRIBE ACCIDENT

PARTY INVOLVED NAME _____ **STUDENT?** ☐ YES ☐ NO

IF STUDENT, **PARENT NAME(S)** _____

ADDRESS _____

CITY _____ **ZIP** _____

PHONE NUMBER _____ **WORK NUMBER** _____

DATE OF BIRTH _____ (MM) /_____ (DD) /_____ (YYYY) **SS#** _____

INJURY/DAMAGE _____

TRANSPORTED BY AMBULANCE? ☐ YES ☐ NO

WITNESSES *(please include address and phone number)*

COMMENTS