

**INCIDENT/ACCIDENT REPORT FORM**

Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Type of Incident: Auto: \_\_\_\_\_ Bodily Injury: \_\_\_\_\_ Property Damage: \_\_\_\_\_

Police Report#: \_\_\_\_\_ Work phone# \_\_\_\_\_

Name and Title of Person completing this report: \_\_\_\_\_

Parish/School: \_\_\_\_\_ Parish/School Location#: \_\_\_\_\_

Name of injured party/parties: \_\_\_\_\_

If minor Parent/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Address of injured party/parties: \_\_\_\_\_

Telephone number of injured party/parties: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Briefly describe the incident, cause and injury: \_\_\_\_\_

Medical services rendered: \_\_\_\_\_ yes \_\_\_\_\_ no: Where? \_\_\_\_\_

Describe the property damaged: \_\_\_\_\_

Diocesan vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_

Driver: \_\_\_\_\_ Phone: \_\_\_\_\_

Injuries: \_\_\_\_\_

Other Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN# \_\_\_\_\_

Driver: \_\_\_\_\_ Phone: \_\_\_\_\_

Injuries: \_\_\_\_\_

Names and telephone numbers of witnesses: \_\_\_\_\_

Other information: \_\_\_\_\_

What should be done to prevent future incidents? \_\_\_\_\_

Signed: (pastor/principal/administrator) \_\_\_\_\_ Date: \_\_\_\_\_

**1. Fax copy to Financial Services Department (409) 924-4396 2. Retain copy for files**