

ACCIDENT REPORT

(For Non-Employees)

MEMBER NAME _____

PARISH / SCHOOL _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ PARISH EMAIL _____

PERSON REPORTING _____

DATE FORM COMPLETED _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

WHERE DID ACCIDENT OCCUR? _____

WERE PHOTOS TAKEN? _____

DESCRIBE THE ACCIDENT _____

PARTY INVOLVED – NAME _____ STUDENT? YES ___ NO ___

IF STUDENT, PARENT NAME(S) _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

DOB _____ SS# _____

INJURY / DAMAGE _____

TRANSPORTED BY AMBULANCE? YES ___ NO ___

WITNESSES (Please include address and phone number)

COMMENTS

