

**ACCIDENT/INCIDENT REPORT
DIOCESE OF ROCHESTER**

Parish reporting _____ Address: _____
accident/incident: _____

NOTE: Please include photos and/or video of location of incident

SECTION 1: INJURED PERSON

Name: _____ Age: _____

Home Telephone: _____ Address: _____

If a minor, name of parent/guardian: _____

Evening phone: _____ Day phone: _____

Relationship to injured person: _____

SECTION 2: LOCATION OF ACCIDENT/INCIDENT

Place of incident: _____ Location: _____

Event person was attending: _____

Exact site of accident/incident _____
(i.e., playground, gym, movie _____
theater, etc.): _____

SECTION 3: TYPE OF ACCIDENT/INCIDENT

Date of Accident/Incident: _____ Time of incident: _____
(Check one) A.M. P.M.

Nature of injury (please _____
describe in detail): _____

Part of body injured _____
(please be specific): _____

Degree of injury (check one):
 Non-disabling Temporarily-
disabling Permanent impairment Death

Description of how _____
accident/incident _____
happened: _____

SECTION 4: IMMEDIATE ACTION TAKEN

By whom? _____

Describe: _____

Calls made to whom? _____ Relationship: _____

Calls made by whom? _____

Comments/decisions made during call: _____

Call made by: _____

Was person sent home? Yes No Method of transportation: _____

Transported by whom? _____

Call made to 911? Yes No By whom? _____

SECTION 5: WITNESS TO ACCIDENT/INCIDENT (Attach additional sheet if needed)

NAME	ADDRESS	PHONE

Person in charge at time of incident: _____

Role/Title: _____ Was this person present at the time of incident?
 Yes No

Date prepared: _____ By: _____

Signature: _____

Section 6: Follow Up Information (This should occur within 24 hours of accident/incident)

Is Further Treatment Anticipated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Extent of Injury?	
Additional Comments:	

All forms must be sent to: Matt Carroll
CYO@DOR.ORG
Roman Catholic Diocese of Rochester
Attn.: CYO Athletics
1150 Buffalo Road
Rochester, NY 14624