

Accident/Incident Report*

Date of incident: _____ Time: _____

Place: _____

Person involved/injured: _____

Description of apparent injuries: _____

Action Taken: _____

Name of Parish: _____

Address: _____

City/Town/Zip Code: _____

Phone: _____

Name of person filing this report: _____

Address: _____

Phone: _____

Description of incident: _____

Witnesses present: _____

(include phone numbers) _____

Signed: _____

Dated: _____

***Send copies to: Insurance Services and the Dept. of Lifelong Faith Formation, 795 Main Street, Buffalo, NY 14203**