

ACCIDENT REPORT FORM

DATE: _____ TIME: _____

NAME: _____

PARISH NAME & ID #: _____

ADDRESS: _____

PHONE #: _____

PARISH CONTACT PERSONS: _____

ALTERNATIVE # OR EMAIL ADDRESS: _____

PARISH CONTACT INFORMATION: _____

DESCRIBE INJURY/DAMAGE: _____

LOCATIONS (STAIRS, SIDEWALK, ETC): _____

HOW & WHY DID ACCIDENT OCCURED: _____

WITNESSES: _____

WAS AMBULANCE OR AUTHORITIES CALLED TO SCENE: YES / NO

IF YES, WHO: _____

OTHER ADDITIONAL INFORMATION OR COMMENTS: _____

SIGNATURE OF FORM PREPARER: _____

DATE FORM COMPLETED: _____