

**ACCIDENT/INCIDENT REPORT
DIOCESE OF ROCHESTER**

Parish reporting
accident/incident _____ *Address:* _____

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(ex. playground, gym, movie theater, etc.): _____

Section 3 - Type of Accident/Incident:

Date of Accident/Incident: _____ Time of incident: _____

am pm

Nature of injury (please describe in detail) _____

Part of body injured (please be specific) _____

Degree of injury:

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 - Witnesses to Accident/Incident:
(Attach additional sheet if more space is required)**

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: _____

**Please contact CYO at (585) 202-0337
after completion of the form. Thank you
All forms must be sent to:
CYO Athletics
1150 Buffalo Road
Rochester, NY 14624**