



## Incident Report

*Please complete this form and return to the Parish Administrator. Thank you.*

Date of Report: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Date of accident: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Possible injuries: \_\_\_\_\_

\_\_\_\_\_

Name of person/s providing assistance: \_\_\_\_\_

\_\_\_\_\_

Name of person/s witnessing this event: \_\_\_\_\_

\_\_\_\_\_

Was 911 called:

No  Yes If yes, who responded: \_\_\_\_\_

Was person transported by ambulance:  No  Yes

Was person transported by another means:  No  Yes

Transported by: \_\_\_\_\_

Transported to: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Phone number of person completing form: \_\_\_\_\_