

**ACCIDENT/INCIDENT REPORT
DIOCESE OF ROCHESTER**

*Parish reporting
accident/incident:* _____

Address: _____

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: ☐ Yes ☐ No

What is the Extent of Injury?

Additional Comments:

All forms must be sent to:

Matt Carroll, Diocesan Coordinator of Sports
Roman Catholic Diocese of Rochester
Attn.: CYO Athletics
1150 Buffalo Road
Rochester, NY 14624

cyo@dor.org