

**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**