

Diocese of Las Cruces

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www.dioceseoflascruces.orgbhatley@dioceseoflascruces.com**ACCIDENT/INCIDENT REPORT**

Please complete the form and mail, fax or email this to our office

Date: _____

Parish/School/Office reporting accident/incident _____

Address: _____

Contact Name: _____ Email: _____

Tel: _____ Fax: _____

Section 1: Injured Person

Name _____ Age _____

Home Telephone _____

Address _____

If a minor, name of parent or guardian _____

Evening Phone _____ Day Phone _____

Relationship to injured person _____

Section 2: Location of Accident/Incident

Place of Incident _____ Location _____

Event _____

Persons attending _____

Exact site of accident/incident (for example, 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 occurred _____

Section 4: Immediate Action Taken

By whom? _____

Describe action taken _____

Person contacted _____ Relationship(s) _____

Type of contact _____ Phone call _____ Written Message _____ Personal conference _____

Person responsible for contact _____

Comments/decisions made during contact (if applicable) _____

Was the person sent home? ☐ Yes ☐ No

Method of Transportation _____

Transported by whom? _____

Relationship to Student _____

Call made to 911? ☐ Yes ☐ No If yes, by whom? _____

Section 5: Witness(es) to Accident/Incident

(Attach additional sheet if more space is required)

Name	Address	Phone

Person in charge at time of incident _____

Role or Title _____

Was this person present at the time of the incident? ☐ Yes ☐ No

Section 6: Follow Up Information

Final Diagnosis _____
