

**IMPORTANT NOTICE**

Our Insurer requires prompt notice of all incidents involving third party injury. Failure to report incidents in a timely fashion could affect coverage under our liability policy.

Parish : \_\_\_\_\_  
*Name of Parish*

Christian Community : \_\_\_\_\_ from \_\_\_\_\_  
*Name of Christian Community* *Name of Town or Village*

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

**INFORMATION ON THE PERSON COMPLETING THE FORM**

Name : \_\_\_\_\_

Position (if applicable) : \_\_\_\_\_ Location : \_\_\_\_\_

Address : \_\_\_\_\_

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone number(s) : \_\_\_\_\_

**INCIDENT REPORT**

Date of incident : \_\_\_\_\_ Time of incident : \_\_\_\_\_ AM / PM

Location of incident : \_\_\_\_\_

Address : \_\_\_\_\_

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

**Location of Incident (Check one) :**

☐ Lobby ☐ Walkway ☐ Steps ☐ Inside the church ☐ Parking lot

☐ Other \_\_\_\_\_

**Cause (If possible and applicable, please take a photograph of site ASAP) :**

☐ Slip ☐ Trip ☐ Other \_\_\_\_\_

**Surface Conditions (When applicable) :**

☐ Dry ☐ Wet ☐ Icy ☐ Snow ☐ Oil/Grease

☐ Mopped floor ☐ Other \_\_\_\_\_

**Temperature/Weather Conditions (When applicable) :**

☐ Below -1° C ☐ 0° to 10° C ☐ Over 10° C ☐ Rain ☐ Snow

☐ Other \_\_\_\_\_

(Confidential once completed)

**Was anyone injured?**

☐ Yes (If yes, complete the Injured Parties Statement below)

☐ No

**Follow-up Required – This section must be completed :**

Did the claimant request Follow-up?

☐ Yes

☐ No

Did the claimant discuss or request compensation, payment of bills, costs, prescriptions?

☐ Yes

☐ No

Did the claimant suffer any property damage?  
(For example : broken glasses, etc.)

☐ Yes

☐ No

**Medical Assistance Provided**

☐ Yes (Explain) \_\_\_\_\_

☐ No (Explain) \_\_\_\_\_

**Destination :**

☐ Hospital

☐ Own Doctor

☐ Home

☐ Other \_\_\_\_\_

**Transportation :**

☐ Own vehicle

☐ Ambulance

☐ Other \_\_\_\_\_

**INJURED PARTIES STATEMENT** If someone was injured, then please provide the following information.

(NOTE : If more than one person was injured in the incident, then please attach additional particulars to this report following the format below.)

Injured party's name (child/youth/adult) : \_\_\_\_\_ Sex : M F

Age (if child/youth): \_\_\_\_\_ Date of birth (MM/DD/YY) : \_\_\_\_\_

Address : \_\_\_\_\_

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone number(s) : \_\_\_\_\_

Parent/Guardian – Advised?

☐ Yes

☐ No

If yes, indicate the time and date of notification : \_\_\_\_\_

*(Confidential once completed)*

Parent/Guardian's Name (When applicable) : \_\_\_\_\_

Address (if different) : \_\_\_\_\_

Telephone number(s) (If different) : \_\_\_\_\_

Description of injury and part of body affected : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a brief summary of the nature of the incident and any actions taken to remedy/resolve the situation :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESS' INFORMATION**

Was the incident witnessed by anyone?

☐

Yes

☐

No

*(NOTE : If more than one person witnessed the accident then please attach the additional particulars to this report following the format below.)*

Witness' name : \_\_\_\_\_

Address : \_\_\_\_\_

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

**I certify that the information provided is accurate to the best of my knowledge.**

**Signature of Person Completing Report :** \_\_\_\_\_

**Date :** \_\_\_\_\_

***Please retain a copy of this form for your records.***

***Plase fax the completed form as soon as possible to (506) 546-1423 and forward the original form by mail to :***

**Diocese of Bathurst – Financial Administration**

**P.O. Box 460, Bathurst, NB E2A 3Z4**

**NOTE : *If it is a case of alleged misconduct, you must notify the Minister of social development (Protection services)***