

**DIOCESE OF DAVENPORT
BOARD OF EDUCATION**

SERIES 400: STAFF PERSONNEL

PROCEDURE 452.1

ACCIDENT/INJURY REPORT

The parish/institution should make a report that contains the following information:

1. Name of Injured Party (ies), address and phone number.
2. Names, addresses and phone numbers of witnesses, if there were any.
3. Description of the Accident/Injury in as much detail as possible including what injured was doing, the chain of events, who was involved, where accident happened, date and time of accident, etc.
4. Names and phone numbers of local person(s) who conducted the investigation.
5. Signature and date of Program Administrator.

**OR Complete this form:
Accident Report for Injuries**

Complete this report for all accidents/injuries. This report is for information only. All claims should be reported immediately. Please read each question carefully and answer **all** questions as completely as you can. **Please do not leave any blanks**, unless the question does not apply.

Place and Location: _____ Date: _____

Name of Person Injured: _____ Time of Accident: _____

Address: _____ Phone: _____

Male ☐ Female ☐ Age: _____

What was happening at the time of accident? _____

Apparent Cause: _____

Nature of Injury: _____

First Aid Treatment Administered: _____

Name of Person Administering Aid: _____

Taken to the Hospital? ☐ Yes or ☐ No By: _____

Parents' Name (if Minor): _____

Parents Were Notified at (Time): _____

Parents not Notified (Give Reason): _____

Persons Who Witnessed the Accident: _____

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NAME	ADDRESS	PHONE

Person Making Report: _____ Title: _____

Signature: _____

Additional information may be given on reverse side of this form. Additional sheets may be used.