

ACCIDENT REPORT FOR NON-EMPLOYEES

Required Field ()*

MEMBER NAME _____

*PARISH/SCHOOL _____

*ADDRESS _____

*CITY _____ *ZIP _____

*PHONE NUMBER _____ EMAIL _____

*PERSON REPORTING _____

DATE FORM COMPLETED (mm/dd/yyyy) _____

*DATE OF ACCIDENT (mm/dd/yyyy) _____ TIME OF ACCIDENT (00:00 am or pm) _____

WHERE ACCIDENT OCCURRED _____

WERE PHOTOGRAPHS TAKEN? Yes No

DESCRIBE ACCIDENT

PARTY INVOLVED—NAME _____ STUDENT? Yes No

IF STUDENT, PARENT NAME(S) _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____ WORK NUMBER _____

DOB (mm/dd/yyyy) _____ SSN _____

INJURY/DAMAGE _____

TRANSPORTED BY AMUBULANCE? Yes No

WITNESSES (INCLUDE NAME, ADDRESS, AND PHONE NUMBERS)

COMMENTS

Send completed form to John Polkinghorn at jpolkinghorn@sfcatholic.org or fax to (605) 988-3723