

Diocese of Oakland
 Insurance and Benefits Department
 2121 Harrison Street Oakland, CA 94612
 510-893-4711 FAX 510-272-0725

ACCIDENT REPORT

Parish Name		Address	
Location of Incident		Address	
Injured's Name	Age	Grade	Home Phone
Where did accident occur?		Date	Time
Describe how accident occurred?			
Was parent/guardian notified?			
Who was the person in charge at the time of the accident?			
Was he/she present at that time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the injured violate any rules? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Names / Addresses / Phone #s of witnesses? (✓ boxes if they are your employees)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Apparent nature of injury			
.....			
Injured parts of body			
.....			
First Aid procedures used and by Whom?			
.....			
If treated by physician give name and address			
.....			
Who was notified?			
Report submitted by		Date	Title

**Original to Insurance and Benefits Office
 with a copy to the Parish and to the Diocesan CYO Office or Office of Youth Ministry**