

Diocese of Oakland
 Insurance and Benefits Department
 2900 Lakeshore Ave Oakland, CA 94610
 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**

