

Accident / Incident Report Form FM04



Catholic Diocese of Evansville
Office of Youth & Young Adults
P.O. Box 4169
Evansville, IN 47724-0169
(812) 424-5536 or (800) 637-1731

Date Received: _____ Copy to insur.? _____
Notifications? _____
CPS notified? (attach report) _____
Exclusion from subsequent functions? _____
Actions taken: _____

Location Name: _____ Date: _____

Address: _____
Street & Number City State / Zip

Name of Person Involved _____ Age _____ Sex _____ Adult (21+) ☐ Youth ☐
Last First MI

Address: _____ Phone: _____

Name of Parent / Guardian (if a minor): _____

Address: _____ Phone _____

Name / Address of Witnesses:

1. _____
2. _____
3. _____

Type of incident: ☐ Behavior ☐ Accident ☐ Epidemic illness ☐ Other

Was there presence of: ☐ Alcohol ☐ Illegal Drugs ☐ Weapon

Describe (alcohol / illegal drug / weapon) _____

Date of accident / incident _____ Hour _____ a.m. p.m.

Describe the sequence of activity in detail including what the (injured) person was doing at the time:
(Describe how the person used a weapon in a threatening way or your witnessing of possession of a
weapon, alcohol, drugs): **Use back of form for more space.**

Where did it occur? (Specify location, including location of witnesses and injured. Use a diagram.)

Was injured participating in an activity at the time of injury? _____ If so, what activity? _____

Emergency Procedures followed at the time of the incident. What was the response to the incident /
accident?

By whom? _____

Were Authorities notified? (if so, attach copy of report) _____

Form Completed By (signature) _____ Date: _____

Phone Number: (day) _____ (evening) _____