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	Address				
Location of Incident		Address	Address				
Injured's Name	Age	Grade	I	Home Phone			
Where did accident occur?		Date	I		Time		
Describe how accident occured?		I			<u> </u>		
Was parent/guardian notified?							
Who was the person in charge at the time of	of the accid	ent?					
Was he/she present at that time? ☐ Yes	□ No						
Did the injured violate any rules? ☐ Yes							
Names / Addresses / Phone #s of witnesse	s? (✓ bo	xes if they ar	e your	employees)			
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0							
Apparent nature of injury							
Injured parts o <u>f body</u>							
First Aid precedures used and by Whom?							
First Aid procedures used and by Whom?							
If treated by physician give name and addre	ess						
Who was notified?							
Report submitted by		Date			Title		