

ARCHDIOCESE OF MOBILE

Incident Report for Injuries

School: _____ **Student's Last Name:** _____

Complete this report for all incidents/injuries. This report is for information only. Please read each question carefully, and answer all questions as completely as you can. **Please do not leave any blanks**, unless the question does not apply.

Name of Parish/School/Institution: _____

Name of Injured Person: _____ Phone: _____

Address: _____

Names of Witnesses and their addresses and phone numbers: _____

When did incident/injury occur? Date: _____ Hour: _____ AM/PM _____

Describe the Incident: (State what the individual was doing and all circumstances leading up to the incident. Try to reconstruct the chain of events leading up to the incident/injury as best can be determined.)

Report/Investigation conducted by:

Signature of person making the report

Date report prepared

Signature of principal/pastor/director

Date

Please mail this report to the Archdiocese of Mobile, P.O. Box 230, Mobile, AL 36601. You may fax this completed form to 251-434-1547 or scan and email to riskmgmt@mobarch.org.

Appendix 5