

# INCIDENT REPORT

Date: \_\_\_\_\_

Parish Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

If minor, Names of Parents: \_\_\_\_\_

Activity taking place / reason on premises: \_\_\_\_\_

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Date & Time of Loss: \_\_\_\_\_

Where did loss occur? \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Treatment (if any) rendered at scene: \_\_\_\_\_

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Destination: \_\_\_\_\_

Describe Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

Witnesses: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Person Reporting Incident: \_\_\_\_\_