

Incident Report

Date _____

Parish/Institution Name _____

Address _____

Phone _____

Claimant Name _____

Address _____

Phone # (home) _____ (work) _____

If minor, names of parents _____

Activity taking place/Reason on premises: _____

Date of Incident _____ Time of Incident _____

Where did incident occur? _____

Type of injury _____

Treatment (if any) rendered at scene _____

Destination _____

Describe incident _____

Witness Name _____

Address _____

Phone # _____

Name of person reporting incident _____

Department of Insurance Services

795 Main St. Buffalo, NY 14203

Ph.: 716-847-8396 Fax: 716-847-5538

<http://www.buffalodiocese.org/insurance/forms.html>

Elementary School Athletic Handbook

Revised August 2021