



## DIOCESE OF TRENTON

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### Accident/Injury Report Form

Injured: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Event: \_\_\_\_\_

Association with program: \_\_\_\_\_  
Description of injury: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place of Accident: \_\_\_\_\_

Description of circumstances: \_\_\_\_\_  
\_\_\_\_\_

#### Action taken: (check all that apply)

\_\_\_\_\_ a. none required  
\_\_\_\_\_ b. parent(s) called at \_\_\_\_\_ AM/PM By: \_\_\_\_\_  
\_\_\_\_\_ c. first aid given by: \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_

d. ambulance called at \_\_\_\_\_ AM/PM By: \_\_\_\_\_

e. injured taken to: \_\_\_\_\_  
By: \_\_\_\_\_

f. others notified: \_\_\_\_\_  
By: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Witness: (1) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of report: \_\_\_\_\_ Prepared by: \_\_\_\_\_

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