

**GENERAL INCIDENT REPORT**  
(Confidential once completed)

**IMPORTANT NOTICE**

Our Insurer requires prompt notice of all incidents involving third party injury. Failure to report incidents in a timely fashion could affect coverage under our liability policy.

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

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

**INFORMATION ON THE PERSON COMPLETING THE FORM**

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

Position (if applicable) : \_\_\_\_\_ Location : \_\_\_\_\_

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

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone number(s) : \_\_\_\_\_

**INCIDENT REPORT**

Date of incident : \_\_\_\_\_ Time of incident : \_\_\_\_\_ AM / PM

Location of incident : \_\_\_\_\_

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

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

**Location of Incident (Check one) :**

Lobby     Walkway     Steps     Inside the church     Parking lot

Other \_\_\_\_\_

**Cause (If possible and applicable, please take a photograph of site ASAP) :**

Slip     Trip     Other \_\_\_\_\_

**Surface Conditions (When applicable) :**

Dry     Wet     Icy     Snow     Oil/Grease

Mopped floor     Other \_\_\_\_\_

**Temperature/Weather Conditions (When applicable) :**

Below -1° C     0° to 10° C     Over 10° C     Rain     Snow

Other \_\_\_\_\_

**Was anyone injured?**

Yes (If yes, complete the Injured Parties Statement below)  No

**Follow-up Required – This section must be completed :**

Did the claimant request Follow-up?  Yes  No

Did the claimant discuss or request compensation, payment of bills, costs, prescriptions?  Yes  No

Did the claimant suffer any property damage?  
(For example : broken glasses, etc.)  Yes  No

**Medical Assistance Provided**

Yes (Explain) \_\_\_\_\_

\_\_\_\_\_

No (Explain) \_\_\_\_\_

\_\_\_\_\_

**Destination :**

Hospital  Own Doctor  Home

Other \_\_\_\_\_

**Transportation :**

Own vehicle  Ambulance

Other \_\_\_\_\_

**INJURED PARTIES STATEMENT** If someone was injured, then please provide the following information.

*(NOTE : If more than one person was injured in the incident, then please attach additional particulars to this report following the format below.)*

Injured party's name (child/youth/adult) : \_\_\_\_\_ Sex : M F

Age (if child/youth): \_\_\_\_\_ Date of birth (MM/DD/YY) : \_\_\_\_\_

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

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone number(s) : \_\_\_\_\_

Parent/Guardian – Advised?  Yes  No

If yes, indicate the time and date of notification : \_\_\_\_\_

Parent/Guardian's Name (When applicable) : \_\_\_\_\_

Address (if different) : \_\_\_\_\_

Telephone number(s) (If different) : \_\_\_\_\_

Description of injury and part of body affected : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a brief summary of the nature of the incident and any actions taken to remedy/resolve the situation :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESS' INFORMATION**

Was the incident witnessed by anyone?  Yes  No  
*(NOTE : If more than one person witnessed the accident then please attach the additional particulars to this report following the format below.)*

Witness' name : \_\_\_\_\_

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

Town : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

**I certify that the information provided is accurate to the best of my knowledge.**

**Signature of Person Completing Report :** \_\_\_\_\_

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

*Please retain a copy of this form for your records.*

*Plase fax the completed form as soon as possible to (506) 546-1423 and forward the original form by mail to :*

**Diocese of Bathurst  
Financial Administration  
P.O. Box 460, Bathurst, NB E2A 3Z4**

**NOTE : If it is a case of alleged misconduct, you must notify the  
Minister of social development (Protection services)**