

(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.

Parish : _____
Name of Parish

Christian Community : _____ from _____
Name of Christian Community *Name of Town or Village*

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 _____

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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 : _____

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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)**