

# Injury Accident Report



## STRENGTHENING THE CARING COMMUNITY

Form Completed By: \_\_\_\_\_  
(Full Name)

Date Form Completed: \_\_\_\_\_ Time Form Completed: \_\_\_\_\_

### PARISH LOCATION

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### INJURED PERSON

Name of Injured Person: \_\_\_\_\_  
(Full Name)

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

If Injured Person is a minor, Name of Parent/Guardian(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

### INJURY ACCIDENT

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Where Did Injury Occur?: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Body Part(s) Affected: \_\_\_\_\_

Were Pictures Taken?:  YES  NO

Please explain what happened in full detail, naming the hazards associated with the people, equipment, materials, environment and processes that contributed to the accident.

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Archdiocese  
of Toronto

## FIRST AID & MEDICAL TREATMENT

Was First Aid Provided?:  YES  NO If Yes, Name of First Aid Provider: \_\_\_\_\_

Did the Injured Person visit a doctor?:  YES  NO

Transported by Ambulance?:  YES  NO

Date of Visit: \_\_\_\_\_ Name of Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## WITNESSES

	Witness #1	Witness #2	Witness #3
Full Name:			
Address:			
Phone Number:			

## REPORT PROVIDED TO:

Name	Title	Date

### Note

- All injuries should be reported immediately to:
  - Parent/Guardian(s) of the Injured Person
  - The Volunteer Screening Department, Archdiocese of Toronto at 437-524-8542 or [volunteerscreening@archtoronto.org](mailto:volunteerscreening@archtoronto.org)
- Please report all serious injuries immediately to Catholic Mutual Canada at 1-866-233-3332
- If this is a critical injury, this report should be forwarded to the Occupational Health and Safety Representative within 24 hours of occurrence