

While you are traveling

## INCIDENT/ACCIDENT REPORT FORM

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

(Please print all information)

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Name of youth injured: \_\_\_\_\_ Age: \_\_\_\_\_

Address of youth: \_\_\_\_\_

Parish of youth: \_\_\_\_\_ Town: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Name of person(s) who witnessed the accident:

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

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

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

Describe the accident: \_\_\_\_\_

\_\_\_\_\_

Describe what care the youth was given:

\_\_\_\_\_

\_\_\_\_\_

Signature of individual recording the incident: \_\_\_\_\_