

# DIOCESE OF ROCHESTER

## GENERAL LIABILITY INCIDENT REPORT

Parish or School: \_\_\_\_\_ Parish No: \_\_\_\_\_

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

### Section 1: Injured Person

Name:					Minor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age:					Parent/Guardian:	
Telephone:					Relationship:	
Email:					Telephone:	
Address:						
<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor	<input type="checkbox"/> Employee*		

*\*If an employee, please complete DOR Workers' Comp First Report of Injury (FROI)*

### Section 2: Incident Information

Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Nature of Injury:				
Part of Body Injured:				
Degree of Injury:	<input type="checkbox"/> Non-disabling <input type="checkbox"/> Temporarily Disabling <input type="checkbox"/> Permanent <input type="checkbox"/> Death			
Description of how accident/incident occurred:				

### Section 3: Location of Incident

Place of Incident:			
Address:			
Event:			
Description of incident site (e.g. playground, weather at time of incident):			
Person in Charge at Time of Incident:			
Title/Position:		Was this person Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: Please include photos and/or video of location of incident**

**Section 4: Immediate Action Taken**

Describe Action Taken:			
Was the Person Sent Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Call Made to 911?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method of Transportation?			
Transported To?			
Transported by Whom?			

Person Responsible for Making Contact:			
Person Contacted:		Relationship:	
Type of Contact:	<input type="checkbox"/> Phone Call <input type="checkbox"/> Written Message (e.g. email, text)		

**Section 5: Witness(es) to Incident**

<b>Witness 1</b>		<b>Witness 2</b>	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	

**Section 6: Follow Up Information** (This should occur within 24 hours of accident/incident)

Is Further Treatment Anticipated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Extent of Injury?	
Additional Comments:	

**Section 7: Incident Report Completed by**

Name:		Date Prepared:	
Position:		Signature:	

Please send completed report to:

<b>Waldorf Risk Solutions</b> 30 Prospect Street PO Box 590 Huntington, NY 11743 <a href="mailto:claims@wrs1928.com">claims@wrs1928.com</a>	<b>William Millen</b> Risk Manager Diocese of Rochester 1150 Buffalo Road Rochester, NY 14020 <a href="mailto:william.millen@dor.org">william.millen@dor.org</a>
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