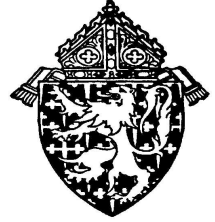


### FORM H: INJURY/INCIDENT REPORT

#### DIOCESE OF WILMINGTON



Parish/School: \_\_\_\_\_

**Name of injured participant:**

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Injury/Incident occurred:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Name of activity: \_\_\_\_\_

Name and title of person supervising this event (Please print):

\_\_\_\_\_

Was this person a witness to the injury? Yes \_\_\_\_\_ No \_\_\_\_\_

**Nature of injury:** (Please fully indicate what part of body was injured, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What happened?** (Be specific in all details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was a doctor seen?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date: \_\_\_\_\_

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