

# ACCIDENT / INJURY REPORT FORM

*(For students, parishioners, volunteers, etc at an event on our grounds or sponsored by us)*

NAME **St Dominic Catholic Parish**  
ADDRESS **18255 West Capitol Drive**  
CITY/ST/ZIP **Brookfield, WI 53045**  
PHONE **262.781.3480**

## PERSON REPORTING INJURIES / CONNECTION / CONTACT INFORMATION:

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DATE FORM COMPLETED \_\_\_\_\_  
DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

WHERE ACCIDENT OCCURRED: \_\_\_\_\_  
WERE PHOTOGRAPHS TAKEN? \_\_\_\_\_  
DESCRIBE ACCIDENT: \_\_\_\_\_

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PARTY INVOLVED: \_\_\_\_\_ STUDENT? \_\_\_\_\_

IF STUDENT, PARENT NAME(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ST/ZIP: \_\_\_\_\_  
PHONE NUMBERS: \_\_\_\_\_  
INJURY/DAMAGE: \_\_\_\_\_

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TRANSPORTED BY AMBULANCE? \_\_\_\_\_

WITNESSES (Include address and phone): \_\_\_\_\_

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COMMENTS: \_\_\_\_\_

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DOB \_\_\_\_\_ SS# \_\_\_\_\_  
(required to make medical payment, otherwise leave blank)

Athletics: Forward to Sport Committee **ASAP**. Sport Committee to Amy Whittenberger  
[amy.whittenberger@stdominic.net](mailto:amy.whittenberger@stdominic.net) (CC: AD and Athletic Board Pres.) **by next business day.**

**Catholic Mutual Group, N89 W16215 Cleveland Ave, PO Box 178, Meno. Falls, WI 53052-2105**  
*(Send one copy to Catholic Mutual Group, one copy remains in Parish Center Offices.)*