



# INCIDENT REPORT

## COMPLETE BOTH SIDES

R031925

- First, call 911 and/or obtain emergency services as required.
- Next, ensure the incident scene does not present a danger to others. Ask for help if needed, in blocking off dangerous areas, or with other remedies.
- Finally, complete this form and return to the Parish Office the same day or put it in the brass mail slot to the right of the main office door. If the incident results in serious injury or serious damage to the church property, notify someone on staff as soon as possible. Maintenance personnel phone numbers are posted.
- Report forms are located: JP2 Room 4 kitchen area, Bride's Room, Sacristy, Youth Center, Main Parish Office, STJMOD Pantry, Religious Education Office Area, and Hall Kitchen.

### PERSON SUBMITTING THIS FORM

**Full Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### INCIDENT DETAILS

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Parish/Agency** \_\_\_\_\_ St. Joseph's Catholic Church

**Address** \_\_\_\_\_ 1813 Oakdale Rd, Modesto, CA 95355

**Location Incident took Place** \_\_\_\_\_

**Description of the Incident** \_\_\_\_\_

**Person or Property Involved in Incident** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Nature and Extent of Injury or Property Damage** \_\_\_\_\_

**Why was the person on the premises?** \_\_\_\_\_

**CONTINUE ON OTHER SIDE**

# WITNESSES

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #**

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

# EMERGENCY RESPONSE INFO

**Name of Officer**

**Badge #** **Phone #**

## **Ambulance**

## OFFICE USE

**Received By** \_\_\_\_\_ **Date** \_\_\_\_\_

## Date

## **Title**

**Address** \_\_\_\_\_

**Daytime Phone #**

**Fax #** \_\_\_\_\_

**What action has been taken to prevent similar accidents in the future?**

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