

Diocese of Buffalo
Department of Insurance Services
795 Main Street
Buffalo, New York 14203

INCIDENT REPORT

AFTER OBTAINING ALL INFORMATION MAIL THIS FORM TO THE DEPARTMENT
OF INSURANCE SERVICES OR FAX IT TO MIKE SHAW AT (716) 847-5593

Date _____

Parish/Institution Name ST. STEPHEN'S Roman Catholic Church

Address 2100 Baseline Rd, Grand Island, NY 14072

Phone (716) 773-7647

Claimant Name _____

Address _____

Phone (Home) _____ (Work) _____

If minor, names of parents _____

Activity taking place/reason on premises _____

Date and Time of Loss _____

Where did loss occur _____

Describe Incident _____

Type of Injury _____

Treatment (if any) rendered at scene _____

Destination _____

Witnesses Name _____

Address _____

Phone _____

Name of person reporting incident _____

Incident Report taken by _____