

**St. Maximilian Kolbe Parish
Liberty Township OH
Incident Report**

Date of incident _____ Time of incident _____

Name of person completing report _____

Specific location of incident _____

Was 911 called? _____ Was a report taken? _____ Police _____ E.M.S. _____

If so, when and where may we obtain the report?

Whom did you notify?

Pastor _____ Facilities Manager _____ Staff (name) _____ Other _____

Does this incident involve:

Property damage _____ Personal injury _____ Illness _____ Other _____

Person or persons involved in incident:

Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Describe damage _____

Describe injury _____

Describe illness _____

Describe other _____

Witnesses:

Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Describe in *detail* as much information as possible about this incident. Use the back of this form if necessary

