

**Diocese of Birmingham in Alabama - Form AR-1
Accident Report Form**

Name of Parish: _____

Person(s) Injured: _____

Date of Accident: _____ Place of Accident: _____

Person Filing Report: _____

Time and Date of Report: _____

Description of Accident: (include time, location, and names of all people who were involved or who witnessed the accident)

Action Prescribed:

Other Comments or Information:

Signature of Person Filing Report: _____