

CATHOLIC MUTUAL

ACCIDENT / INCIDENT REPORT FORM

DATE: _____

Church / School / Diocesan Location: _____

Address: _____

Phone #: _____

Date of Accident / Incident: _____ Time of Accident / Incident: _____

Location of Accident / Incident: _____

Police Report # _____ Agency (i.e. Sheriffs, Police Dept.) _____

Were there any damages and/or injuries? ☐ Yes ☐ No

Name of injured/damaged party: _____

Address: _____

Phone #: _____ (Specify home/work phone)

Other Contact Phone: _____

(any additional numbers where party or guardian may be reached)

Date of Birth: _____ Social Security Number: _____

Location of Accident: _____

Description of Accident/Incident

What are the injuries and/or damages?

Were any injuries treated at the scene of the accident? ☐ Yes ☐ No

Was the injured party taken to a hospital or doctor? ☐ Yes ☐ No

If yes, where? _____

If a minor, were the parents contacted? ☐ Yes ☐ No

Did you have the health form and parent permission form with you, if the injured party was a minor and at a youth activity? ☐ Yes ☐ No

Present condition of injured party, if known

Witnesses? (If so, name, address, phone #, if available)

Who submitted this report? (Name, address and position, if employed at a parish/school or diocesan location)

You may draw a diagram of the location to illustrate how incident occurred

SIGNATURE _____

COMMENTS:

PLEASE SEND IN COMPLETED ACCIDENT REPORT FORM IMMEDIATELY TO:

CATHOLIC MUTUAL GROUP
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San Bernardino, CA 92404
Phone 909-886-6001 Fax 909-883-9311
Email:
sbserviceoffice@catholicmutual.org