

# CATHOLIC MUTUAL

## ACCIDENT REPORT FORM

DATE: \_\_\_\_\_

Church/Location: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

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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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the injuries and/or damages?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Present condition of injured party, if known

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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**SIGNATURE**

**COMMENTS:**

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**PLEASE SEND IN COMPLETED ACCIDENT REPORT FORM IMMEDIATELY TO:**

CATHOLIC MUTUAL GROUP  
1201 EAST HIGHLAND AVENUE  
SAN BERNARDINO CA 92404-3972  
PHONE # 909-886-6001 FAX # 909-883-9311

Email: [sbserviceoffice@catholicmutual.org](mailto:sbserviceoffice@catholicmutual.org)