

# Catholic Mutual... "CARES"

## *ACCIDENT REPORT FORM*

(For Non-Employees)

NAME OF PARISH/SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ PARISH EMAIL \_\_\_\_\_

PERSON REPORTING \_\_\_\_\_

DATE FORM COMPLETED \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_

WHERE ACCIDENT OCCURRED \_\_\_\_\_

WERE PHOTOGRAPHS TAKEN? \_\_\_\_\_

DESCRIBE ACCIDENT: \_\_\_\_\_

\_\_\_\_\_

PARTY INVOLVED-NAME \_\_\_\_\_ MINOR? \_\_\_\_\_

IF MINOR, PARENT NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DOB \_\_\_\_\_

INJURY/DAMAGE \_\_\_\_\_

TRANSPORTED BY AMBULANCE? \_\_\_\_\_

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER)

\_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

***NOTE: REPORT TO CATHOLIC MUTUAL NEXT BUSINESS DAY. SEND COPY TO  
CATHOLIC MUTUAL AND KEEP ONE FOR YOUR RECORDS.***