

Catholic Mutual Accident Report

(For students, parishioners, volunteers, etc.)

NAME OF PARISH/SCHOOL _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____

PERSON REPORTING _____

DATE FORM COMPLETED _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

WHERE ACCIDENT OCCURRED _____

WERE PHOTOGRAPHS TAKEN? _____

DESCRIBE ACCIDENT _____

PARTY INVOLVED-NAME _____ STUDENT? _____

IF STUDENT, PARENT NAME(S) _____

ADDRESS _____

CITY AND ZIP _____

PHONE NUMBER _____ WORK NUMBER _____

DOB _____ SS# _____

INJURY/DAMAGE _____

TRANSPORTED BY AMBULANCE _____

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER) _____

COMMENTS _____

*NOTE: REPORT TO CATHOLIC MUTUAL NEXT BUSINESS DAY for VOLUNTEERS.
STUDENT REPORTS MAY BE MADE ONCE WEEKLY OR MONTHLY. SEND COPY TO
CATHOLIC MUTUAL AND KEEP ONE FOR YOUR RECORDS.*



Kris Twining
Claims/Risk Manager
Catholic Mutual Group
P.O. Box 44983
Madison, WI 53744
608-821-4566
ktwining@catholicmutual.org

