

Catholic Mutual . . . "CARES"

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. SEND COPY TO CATHOLIC MUTUAL AND KEEP ONE FOR YOUR RECORDS.



CATHOLIC MUTUAL GROUP®

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