

ACCIDENT/INCIDENT 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# \_\_\_\_\_

(Required to make any medical payment)

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

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

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER) \_\_\_\_\_

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

COMMENTS \_\_\_\_\_

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

REPORT TO CATHOLIC MUTUAL NEXT BUSINESS DAY  
SEND COPY TO CATHOLIC MUTUAL GROUP, BOX 178, MENOMONEE FALLS, WI 53052  
OR FAX 262-255-7276 AND KEEP ONE FOR YOUR RECORDS.