

# CATHOLIC MUTUAL GROUP

## LOSS REPORTED BY PHONE/MAIL ACCIDENT/INCIDENT REPORT FORM

### PARISH LOCATION

PERSON REPORTING/TO CONTACT: \_\_\_\_\_ DATE REPORTED: \_\_\_\_\_

PARISH OR INSTITUTION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### PERSON INJURED

NAME OF PERSON INJURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME); \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: (NAME) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

NAME OF PARENT(S) IF A MINOR : \_\_\_\_\_

### FACTS OF ACCIDENT

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ WHERE ACCIDENT OCCURRED: \_\_\_\_\_

NAME OF WITNESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ PHOTOS TAKEN: \_\_\_ YES \_\_\_ NO

FACTS/DETAILS OF ACCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: PLEASE REPORT ALL INCIDENTS/ACCIDENTS TO CATHOLIC MUTUAL GROUP WITHIN 24 HOURS WHEN POSSIBLE. ALWAYS KEEP A COPY OF YOUR COMPLETE ACCIDENT REPORT ON FILE AT THE PARISH OFFICE.**