



## ACCIDENT/INCIDENT REPORT

(For students, parishioners, volunteers, etc.)

NAME OF PARISH/SCHOOL:		PHONE NUMBER:	DATE:
ADDRESS:		CITY:	ZIP:
DATE OF ACCIDENT/INCIDENT:		TIME OF ACCIDENT/INCIDENT:	
WHERE ACCIDENT/INCIDENT OCCURRED:		WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIBE ACCIDENT/INCIDENT:
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NAME OF PARTY INVOLVED:		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF STUDENT, PARENT/GUARDIAN NAME(S):		
ADDRESS:		CITY: ZIP:
PHONE NUMBER:	WORK NUMBER:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER (REQUIRED TO MAKE ANY MEDICAL PAYMENT):	
INJURY/DAMAGE:		TRANSPORTATION BY AMBULANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
WITNESS NAME:	ADDRESS:	PHONE:
WITNESS NAME:	ADDRESS:	PHONE:

COMMENTS:
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PRINT REPORTER'S NAME:	PHONE NUMBER:
SIGNATURE OF REPORTER:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**KEEP A COPY FOR YOUR RECORDS**

REPORT TO CATHOLIC MUTUAL NEXT BUSINESS DAY AND SEND A COPY TO: **CATHOLIC MUTUAL GROUP, BOX 178, MENOMONEE FALLS, WI 53052**  
OR EMAIL TO: [MILWAUKEEOFFICE@CATHOLICMUTUAL.ORG](mailto:MILWAUKEEOFFICE@CATHOLICMUTUAL.ORG) OR FAX TO (262) 255-7276.