DIOCESE OF SACRAMENTO
INCIDENT REPORT

PLEASE COMPLETE AT THE SCENE OF THE INCIDENT (FOR ANY INJURY OR PROPERTY DAMAGE)

- ***DO NOT ADMIT LIABILITY.*** Do not make any statements regarding fault or payment of any bills.
- *IMMEDIATELY* fill out this report and fax/e-mail to:

  Catholic Mutual Claims
  Phone #: (800) 228-6108
  FAX #: (402) 551-2943
  e-mail: reportaclaim@catholicmutual.org

- *TAKE STEPS TO PROTECT* property and mitigate damages. Do all you can to prevent damages from worsening.
- *EXAMINE* the accident scene. Note conditions such as debris, moisture, lighting, equipment involved, etc. **Take photos of the damage, injury and scene/area as soon as possible after the incident.**
- *DO NOT DISCUSS THE INCIDENT* except with Church Officials, Police, or your Catholic Mutual insurance representative.
- *KEEP ANY EVIDENCE* for the claims adjuster's review.

DATE: _____ TIME: _____

PERSON SUBMITTING REPORT: _____ PHONE: _____

PARISH/SCHOOUAGENCY _____

ADDRESS: _____

LOCATION INCIDENT TOOK PLACE: _____

_____

DESCRIPTION OF INCIDENT: _____

_____

_____

PERSON OR PROPERTY INVOLVED IN INCIDENT: _____

_____

ADDRESS: _____

AGE: _____ PHONE: _____

NATURE AND EXTENT OF NJURY OR PROPERTY DAMAGE: _____

_____

WHY WAS THE PERSON ON PREMISES? _____

_____

_____

WITNESSES

NAME: _____

ADDRESS: _____

PHONE#: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

PHONE#: _____

POLICE/FIRE DEPARTMENT

NAME OF OFFICER: _____

BADGE #: _____ **PHONE #:** _____

AMBULANCE: _____

SUBMITTED BY: _____ DATE: _____

TITLE: _____

ADDRESS: _____

DAYTIME PHONE #: _____

FAX #:

WHAT ACTION HAS BEEN TAKEN TO PREVENT SIMILAR ACCIDENTS IN THE FUTURE?

_____

_____

_____

_____

_____

_____