

Catholic Mutual Group
1011 First Avenue-19th Floor
New York, NY 10022

Fax Report by next business day to: Catholic Mutual at 212-826-8379

INTERNAL FORM – To be completed by Pastor, Principal or Manager

ACCIDENT REPORT
(for Parishioner's, Volunteers, others)

Location Name: _____ Arch ID # _____

Person Reporting: _____ Title/Position: _____

Phone #: _____ Date of Accident: _____ Time: _____

Party Involved-Name: _____ Circle: Volunteer – Parishioner –Employee
Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell or Work #: _____

Date of Birth: _____ Social Security #: _____

Location and Description of
Accident: _____

Injury Damage: _____ Photos Taken? YES or NO

Transported by Ambulance? YES or NO

If yes, please list Ambulance Service and where transported to: _____

WITNESSES (please include address and phone numbers)

1) _____

2) _____

3) _____

Name of staff on duty: _____ First Aid given? YES or NO

Type of First Aid Administered: _____

First Aid Administered by: _____

Additional Information: _____