

CATHOLIC MUTUAL GROUP

LOSS REPORTED BY PHONE/MAIL ACCIDENT/INCIDENT REPORT FORM

PARISH LOCATION

Our Lady of Mercy Staff

PERSON REPORTING/TO CONTACT: _____ DATE REPORTED: _____

PARISH OR INSTITUTION: _____ Our Lady of Mercy Parish

STREET ADDRESS: _____ 701 S. Eola Road

LOCATION: _____ Aurora ZIP: _____ 60504 PHONE: _____ 630-851-3444 FAX: _____ 630-851-3468

Injured party should complete section below

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 : _____

To be completed by OLM Representative:

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.

Response to Incident

Action taken in response to incident: _____

Follow-up instruction given: _____

Person(s) completing report: _____

Follow-up to Incident

Call: Yes ___ No ___

Other: _____

Date: _____

Time: _____

Comments: _____

Person Completing Follow-up: _____