

DIOCESE OF YAKIMA

2018 ACCIDENT/INJURY/INCIDENT/ REPORT

(It is MANDATORY that a form be filled out for any claim)

NAME OF LOCATION _____

ADDRESS _____ PHONE # _____

CITY/STATE _____ ZIP _____

LOCATION OF ACCIDENT _____

DATE OF ACCIDENT _____ **TIME OF ACCIDENT** _____

WERE PHOTOGRAPHS TAKEN? _____

INJURY/DAMAGE _____

TRANSPORTED BY AMBULANCE? _____

DESCRIBE ACCIDENT. _____

INVOLVED PARTY'S NAME _____ STUDENT? _____

IF STUDENT, PARENT NAME(S) _____

ADDRESS _____ CITY/ZIP _____

PHONE # _____ WORK # _____

SS# _____ DOB _____

WITNESSES (Please include address and phone number)

PERSON REPORTING _____ DATE FORM COMPLETED _____

*Report to Catholic Mutual the next business day **IF FILING A CLAIM!***

Send original report to Catholic Mutual if filing a claim.

Send a copy to Sue Schoolcraft at the Pastoral Office if

filing a claim. Keep a copy for your records even if you

don't file a claim.

Catholic Mutual Group
Attn: Claims
10843 Old Mill Road Suite 300
Omaha, Nebraska 68154-2600
1-800-228-6108/Fax 1-402-551-2943