

ACCIDENT REPORT

(For Non-Employees)

* = Required Field

MEMBER NAME Roman Catholic Diocese of Lexington Kentucky

* PARISH/SCHOOL _____

* ADDRESS _____

* CITY _____ * ZIP _____

* PHONE NUMBER _____ PARISH EMAIL _____

* PERSON REPORTING _____

DATE FORM COMPLETED (MM/DD/YYYY) _____

* DATE OF ACCIDENT (MM/DD/YYYY) _____ TIME OF ACCIDENT (10:00 A.M.) _____

WHERE ACCIDENT OCCURRED _____

PHOTOS TAKEN OF ACCIDENT SCENE?

DESCRIBE ACCIDENT OR ACTIVITY LEADING TO INJURY

PARTY INVOLVED-NAME _____ STUDENT?

ADULT TO STUDENT RATIO AT RECESS/ACTIVITY

IF STUDENT, PARENT NAME(S) _____

PARENT(S) NOTIFIED? WHEN?

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____ WORK NUMBER _____

DOB (MM/DD/YYYY) _____ SS#

INJURY/DAMAGE _____

TRANSPORTED BY AMBULANCE?

TRANSPORTED BY ANYONE ELSE?

WEATHER CONDITIONS IF OCCURRED OUTSIDE

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER)(IF NONE, WHY?)

FOOTWEAR APPROPRIATE FOR ACTIVITY?

CHILD/STUDENT ASKED TO STOP OR MODIFY BEHAVIOR PRIOR TO ACCIDENT?

COMMENTS

Print

SEND COMPLETED FORM TO REPORTACCLAIM@CATHOLICMUTUAL.ORG OR FAX TO
402-551-2943. REPORTACCLAIM PH# 800-228-6108 X2444

& copy Karen Howard Khoward@cdlex.org