

**Diocese of Sacramento
PROPERTY REPORT**

- **FILL OUT AT SCENE OF INCIDENT:**
- **DO NOT ADMIT LIABILITY:** Make **no** statements regarding fault or payment of any bills.
- **IMMEDIATELY** fill out this report and fax/e-mail to:

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

- **TAKE STEPS TO PROTECT PROPERTY AND MITIGATE DAMAGES.**
- **EXAMINE** the accident scene. Note conditions such as debris, moisture, lighting, equipment involved, etc.
- **DO NOT DISCUSS THE INCIDENT** except with Church Officials, Police, or your insurance representative.
- **KEEP ANY EVIDENCE** for claims adjuster's review.

INCIDENT REPORT

DATE: _____ TIME: _____

PERSON SUBMITTING REPORT: _____ PHONE: _____

PARISH/SCHOOL/AGENCY _____

ADDRESS: _____

LOCATION INCIDENT TOOK PLACE: _____

DESCRIPTION OF INCIDENT: _____

PERSON OR PROPERTY INVOLVED IN INCIDENT: _____

ADDRESS: _____

AGE: _____ PHONE #: _____

NATURE AND EXTENT OF INJURY 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? _____

