

**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](mailto: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?** \_\_\_\_\_

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