

INJURIES-Describe nature of any apparent injuries:

Driver:

Injury _____

Passenger:

Name _____

Address _____

Injury _____

Other Passenger, Pedestrian :

Name _____

Address _____

Injury _____

Name _____

Address _____

POLICE OFFICER ASSISTING

Police report made? Yes No

Citations issued: _____

PROPERTY DAMAGE – Describe nature of damage:

Year Vehicle

Property other than Vehicles _____

Owner _____

Other Vehicle

Owner _____

Driver _____

Vehicle Make _____ License # _____

Insurance Company _____

WITNESSES

Name _____ Phone() _____

Address _____

Name _____ Phone() _____

Address _____

Name _____ Phone() _____

Address _____

Name _____ Phone() _____

Address _____

DIOCESE OF SANTA ROSA

AUTOMOBILE ACCIDENT REPORT

(KEEP THIS IN YOUR VEHICLE AT ALL TIMES.)

Parish/School _____

Contact: _____

Tel: _____ Fax: _____

1. STOP AT ONCE. Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of a bystander.

2. DO NOT ADMIT LIABILITY. Make no statements regarding fault, liability or payment of bills.

3. DO NOT ARGUE OR DISCUSS THE INCIDENT. Speak only with Parachute Management, Police or your insurance representative.

4. SECURE THE ASSISTANCE of a police officer whenever possible and record their name and badge number.

5. RECORD the names and addresses of all witnesses and occupants of involved vehicles.

6. COMPLETE THIS REPORT AT THE SCENE and fax copies immediately to:

CATHOLIC MUTUAL GROUP
10843 Old Mill Road
Omaha, NE 68154-2600
Fax 402-551-2943
Attr: Linda Loney

7. WITHIN 24 HOURS CALL and report the incident to:

CATHOLIC MUTUAL GROUP
(800) 228-6108
Linda Loney: Ext. 2452

