



**CATHOLIC
MUTUAL
GROUP**

COMMITMENT • EXPERTISE • STABILITY

ACCIDENT REPORT
(Non-Employee)

FORM MUST BE SAVED BEFORE COMPLETING



CATHOLIC DIOCESE OF PEORIA, IL

Location (Parish, School, Institution):			Injured Person:		
Location Address:			SSN:	Date of Birth:	Student: Yes No
City / State:	Zip Code:	Phone (with area code):	If a student, parent/guardian(s) names:		
Location Email:			Address:		
Person Reporting the Accident:			City / State:	Zip Code:	Phone (with area code):
Person Reporting Email:		Phone (with area code):	Email:		
Date form Completed:	Date of Accident:	Time of Accident:	Photos Taken: Yes No	Transported by Ambulance: Yes No	
Where did the accident occur:					
Describe the Accident:					
Witness:	Address:		City / State / Zip:		Phone / Email:
Witness:	Address:		City / State / Zip:		Phone / Email:
Witness:	Address:		City / State / Zip:		Phone / Email:
Additional Information:					
Form Completed By:		Title:	Phone (with area code):		Email:

Return to **Catholic Mutual Group**

Email to: mblock@catholicmutual.org or aschallmoser@cdop.org

Fax: 309-671-1580