

**DIOCESE OF BELLEVILLE
INCIDENT REPORT**

TODAY'S DATE: _____

NAME OF PERSON REPORTING: _____ TELEPHONE# _____

PARISH/INSTITUTION: _____

ADDRESS: _____ TELEPHONE# _____

DATE OF INCIDENT: _____ TIME: _____ A.M./P.M.

NAME OF INJURED: _____ AGE _____

ADDRESS: _____ TELEPHONE# _____

IF A MINOR, NAMES(S) OF PARENTS: _____

NATURE OF INJURY: _____

DESCRIPTION OF INCIDENT: _____

(Use other side if additional space is required)

NAME OF WITNESSES: _____

ADDRESS: _____ TELEPHONE# _____

WERE POLICE/SHERIFF DEPT. CALLED? ____ YES ____ NO

IF YES, NAME OF POLICE/SHERIFF DEPT.: _____

WAS INJURED PARTY TAKEN TO HOSPITAL? ____ YES ____ NO

IF YES, NAME & LOCATION OF HOSPITAL: _____

--PLEASE COMPLETE THIS FORM AS SOON AS POSSIBLE AFTER INCIDENT--

**MAIL OR FAX TO: CATHOLIC MUTUAL GROUP
 DIOCESAN PASTORAL CENTER
 2620 Lebanon Ave.
 Belleville, IL 62221 (618) 233-1090 FAX - (618) 233-1696**