

CATHOLIC DIOCESE OF GREEN BAY-Incident Report A01
(If additional space is required, please use reverse side)

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|---------------------------------|--|
| Parish/School: (Name & Address) | Phone: Fax: Contact: Title: |
|---------------------------------|--|

| | |
|------------------------|--------------------|
| Date/Time of Incident: | Specific Location: |
|------------------------|--------------------|

Name / Address / Age / of Injured Part: *(include parent or guardian name if minor)*

Injured Party: Parishioner Student Volunteer Vendor General Public Other _____
Circle the most applicable description as it relates to the incident

Description of Accident:

Medical or First Aid Offered:

Accepted or Refused:

Name / Address/ Phone of Witnesses:

Additional Comments / Information:

| | |
|-------|---------------|
| DATE: | COMPLETED BY: |
|-------|---------------|

Submit information via Phone 1-800-228-6108, Kathy Mussman ext. 2436 or Fax to Kathy at 402-551-2943 or e-mail at: kmussman@catholicmutual.com-Copy to: Laura Erdmann-Aon Risk Services-Green Bay. Fax 920-431-6352 or laura_erdmann@ars.aon.com Phone 920-431-6278
RETAIN IN PERMANENT FILE