

ACCIDENT /INJURY REPORT (Non-Employees)
Archdiocese of Atlanta

Date _____ Person Completing Report _____

Parish Name _____ Telephone Number _____ Ext _____

Parish Address _____

Date of Accident _____ Time of Accident _____ (PM) or (AM)

Describe Accident Area _____

Facts of Accident _____

Name of Injured Person _____

Date of Birth _____

If Minor (under age 18) Parent or Guardian _____

Address _____

Phone Number _____

Nature of Injury _____

Emergency Medical Called (Yes) ____ or (No) ____ Transported to Hospital (Yes) ____ or (No) ____

Name(s) and Telephone Numbers(s) of Witnesses _____

Please email this form to Alex Hagan at Ahagan@catholicmutual.org

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