

**DIOCESE OF CLEVELAND
PROPERTY/CASUALTY INSURANCE DEPARTMENT
1404 East Ninth Street, Eight Floor – Cleveland, Ohio 44114-1722
Telephone: (216) 696-6525, 1-800-869-6525, Extension 6490**

CONFIDENTIAL INCIDENT REPORT FORM

Directions: Complete this form and fax or mail it to the **Property/Casualty Insurance Department (fax:216-621-9622)** within 24 hours of the occurrence. Please **TYPE or PRINT** using **BLACK INK**. All information contained in this form is confidential and will be retained by the Property/Casualty Insurance Department. It is **NOT** an insurance claim form.

Location		
Name of Parish, school, Institution		
Street Address		
City	County	Zip Code
Phone Number	Pastor, Principal, Administrator	

Occurrence				
Date of Occurrence	Time of Occurrence	Type of Incident (Bodily Injury, Accident)	Property Damage, Vehicle	Authority Contacted (Police, Fire, etc)
Location of Occurrence			Hospital/Medical Center where taken	
Was there any other accident form or statement filed pertaining to this incident? If so, please state to whom.				
Witness name, address phone number				
Witness name, address phone number				
Description of Incident (use additional sheets of needed.)				

Injured/Owner			
Name		Age	Sex
Home Street Address		City, State, Zip Code	Phone Number (home)
If a Minor, Name of Parents or Guardian		Employer	Phone Number (work)
Describe injury sustained or property damaged			

Name of Person Submitting Incident Report	Position or Title	Report Date
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