

**DIOCESE OF CLEVELAND
PROPERTY/CASUALTY INSURANCE DEPARTMENT**

1404 East Ninth Street, 8th Floor, Cleveland, Ohio 44114
 Phone: 216-696-6525, 800-869-6525, Ext. 3400
 Fax: 216-861-0406 Email: kpierce@dioceseofcleveland.org

CONFIDENTIAL INCIDENT REPORT

Directions: Complete this form and email, fax or mail it to the Property/Casualty Insurance Department within **24 hours** of the incident. Please **TYPE** or **PRINT** using **INK**. All information contained in this report is confidential and will be retained by the Property/Casualty Insurance Department. It is **NOT** an insurance claim form.

LOCATION		
Name of Parish, School or Institution		
Street Address		
City	County	Zip Code
Phone Number	Pastor, Principal, Administrator	

INCIDENT				
Date of Incident	Time of Incident	Type of Incident (Bodily Injury, Accident)	Property Damage, Vehicle	Authority Contacted (Police, Fire)
Location of Incident (include street names, geographical location, city, state)			Hospital/ Medical Center Where Taken	
Was 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 if necessary)				

INJURED/OWNER			
Name		Age	Sex
Home Street Address		City, State, Zip	Home Phone Number
If Minor, Name of Parents or Guardian		Employer	Work Phone Number
Describe Injury Sustained or Property Damaged			

Name of Person Submitting Report	Position or Title	Report Date
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