

Catholic Mutual Group  
1011 First Avenue-19<sup>th</sup> Floor  
New York, NY 10022

**Fax Report by next business day to: Catholic Mutual at 212-826-8379**

**INTERNAL FORM**

**STUDENT ACCIDENT REPORT**  
**(for students, CCD & CYO participant)**

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School Name: \_\_\_\_\_ School ID # \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Party Involved-Name: \_\_\_\_\_ STUDENT: YES or \*NO \*Other: \_\_\_\_\_

If Student-Was parent notified? \_\_\_\_\_ By whom? \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Work #: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Location and Description of  
Accident: \_\_\_\_\_

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Injury Damage: \_\_\_\_\_ Photos Taken? YES or NO

Transported by Ambulance? YES or NO  
If yes, please list Ambulance Service and where transported to: \_\_\_\_\_

**WITNESSES (please include address and phone numbers)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Name of staff on duty: \_\_\_\_\_ First Aid given? YES or NO

Type of First Aid Administered: \_\_\_\_\_

First Aid Administered by: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Was Student Accident Claim form given to parents? YES or NO**