

Immediately after an accident, fill out this form and send it to the following email address. Do not use this form if the accident/incident involved a **student**. Please use the Student Accident Insurance claim form: [Student Accident Claim Form.pdf](#)

**DIOCESE OF SHREVEPORT
OFFICE OF BUSINESS AFFAIR**

ATTN: BUSINESS OFFICE; Fax: 318-868-4609; Email: busoffice@dioshpt.org

Report Only: _____
Claim: _____

ACCIDENT/INCIDENT REPORT

This accident resulted in (select one): BODILY INJURY _____ PROPERTY DAMAGE _____

CHURCH/SCHOOL NAME: _____

PRIMARY CONTACT/PERSON COMPLETING FORM: _____

PHONE: _____ Email: _____

CLAIMANT INFORMATION (Injured Person or Property Owner):

FULL NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

PHONES: HOME _____ WORK _____ CELL _____

EMAIL: _____

DATE OF BIRTH: _____ SSN: _____

ACCIDENT DETAILS:

DATE OF ACCIDENT: _____

WHERE DID THE ACCIDENT HAPPEN? (Be specific): _____

DESCRIBE THE ACCIDENT: _____

INITIAL MEDICAL TREATMENT:

MEDICAL RETREATMENT REQUIRED Y____N____ REFUSED Y____N____ FIRST AID ONLY Y____N____

PHYSICIAN/FACILITY VISIT Y____N____ EMERGENCY ROOM VISIT Y____N____

WERE THERE WITNESSES? (If yes, provide their names and phone numbers below) Y____N____
