

**ACCIDENT REPORT (Adult)**  
(For adults, staff and parents who have been injured)

---

Date: \_\_\_\_\_

MCC Unit: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Special Events Insurance Coverage : \_\_\_\_\_ Yes \_\_\_\_\_ No

Parish/Institution: \_\_\_\_\_

Caller: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Pastor: \_\_\_\_\_

Injured Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Injured Person Data (age, sex, marital status, employment, etc.): \_\_\_\_\_

\_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_

Medical Treatment (where, when, etc.): \_\_\_\_\_

\_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company's Name \_\_\_\_\_

Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Data Pertinent to Incident/Injury: \_\_\_\_\_

\_\_\_\_\_

Signature of Injured Person \_\_\_\_\_ Date / /

Name of Person Making Report: Print Name \_\_\_\_\_ Date / /

Signature \_\_\_\_\_

Position \_\_\_\_\_ Date of Report / /

**PLEASE REPORT ALL INJURIES IMMEDIATELY BY PHONE TO:**

Gallagher Bassett Insurance Services  
P.O. Box 687 - Southfield, MI 48037  
Phone: 248-352-1062 Fax: 248-350-1710

Accident Report (Adult)/Aug. 2000

