Incident Form Non-Employee

Incident Information

Date of Incident _____

Time _____

Location

Name of Location _____

Telephone Number _____

Email _____

Location's Address

Address 1 _____

Address 2 _____

City _____

State TX

Zip Code _____

Claimant's Information

Claimant's Name _____

Telephone Number _____

Email _____

Claimant's Address

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Insured's Information

Insured's Name _____

Telephone Number _____

Email _____

Insured's Address

Address 1 _____

Address 2 _____

City _____

State _____

Zip Code _____

Description of Incident

_____

Witness' Information

Insured's Name _____

Telephone Number _____

Did person involved in the incident seek medical care? _____ Yes _____ No

Did you suggest they receive medical care? _____ Yes _____ No

Signature of Person Completing this Form: _____

I affirm I have read the above **"Describe the incident"** and it is correct. _____ Yes _____ No

Signature of Person Involved in the Incident described above: _____

Claimant is primary
Diocese is secondary
Claimant get a denial if not covered from their insurance.

Incident Form Employee

Incident Information

Date of Incident _____

Time _____

Location

Name of Location _____

Telephone Number _____

Email _____

Location's Address

Address 1 _____

Address 2 _____

City _____

State TX

Zip Code _____

Claimant's Information

Claimant's Name _____

Telephone Number _____

Email _____

Claimant's Address

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Insured's Information

Insured's Name _____

Telephone Number _____

Email _____

Insured's Address

Address 1 _____

Address 2 _____

City _____

State _____

Zip Code _____

Description of Incident

_____

Witness' Information

Insured's Name _____

Telephone Number _____

Did person involved in the incident seek medical care? _____ Yes _____ No

Did you suggest they receive medical care? _____ Yes _____ No

Signature of Person Completing this Form: _____

I affirm I have read the above **"Describe the incident"** and it is correct. _____ Yes _____ No

Signature of Person Involved in the Incident described above: _____