

Public Liability Report

Diocese of Kansas City-St. Joseph

Claim No. _____

REPORT OF ACCIDENT TO PERSONS OTHER THAN YOUR EMPLOYEES DIOCESAN INSURANCE OFFICE

P.O. Box 419037 Kansas City, Missouri 64141

Phone: (816)756-1850

(1) Location	Name of Parish or Institution		
	Address		
	Location and Zip Code		
(2) Time & Place	Date of Accident	Time:	am pm
	Date Notice First Received:		
	Location of Accident - Address:		
	Church School Rectory Hall Convent Playground Other		
(3) Injured Person	Name:		
	Address:		
	City, State, Zip Code:		
	Telephone: Home:		Business:
(4) The Injury	Nature & Extent of Injury:		
	Where was injured taken after accident?		
	Name of Doctor:		
	Address of Doctor:		
(5) Property Damage Only	Owner:	Address:	Bus.Tel. Res. Tel.
(6) Witness			
(7) Description of Accident			
	Date, Location and Badge Number or Complaint Number of Police Authority to Whom Accident Was Reported:		

Signature of Pastor or Administrator

Date