

DIOCESE OF TUCSON

THE ORDINARY MUTUAL

AUTOMOBILE LIABILITY INCIDENT REPORT

IF YOU ARE INVOLVED IN AN ACCIDENT:

- **STOP AT ONCE:** Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of a bystander.
- **DO NOT ADMIT LIABILITY:** Make no statements regarding fault, liability of payment of bills.
- **DO NOT ARGUE OR DISCUSS THE INCIDENT:** Speak only with Church officials, police or your insurance representative.
- **SECURE THE ASSISTANCE** of a police officer whenever possible. Record name and badge number.
- **RECORD** names and addresses of all witnesses and occupants of involved vehicles.
- **COMPLETE THIS REPORT IMMEDIATELY** – FAX OR E-MAIL, AND MAIL TO:

Liz Aguallo
Property and Insurance Administrator
PROPERTY AND INSURANCE OFFICE
P.O. Box 31
Tucson, Arizona 85702-0031

FAX: 520-838-2582
EMAIL: liza@diocesetucson.org

- **IN CASE OF A SERIOUS INCIDENT, please call:**

Liz Aguallo, Property and Insurance Administrator
Phone: (520) 838-2569
Fax: (520) 838-2582
E-mail: liza@diocesetucson.org

After hours and weekends call, please call:

John Shaheen, Director of Property and Insurance
Cell #: 520-909-1489

AUTOMOBILE LIABILITY INCIDENT REPORT

- CONTINUED -

INCIDENT INFORMATION:

DATE: _____ TIME: _____ A.M. _____ DAYLIGHT
P.M. _____ DARK

LOCATION OR INCIDENT: _____
STREET OR HIGHWAY NAME OR NUMBER

CLOSEST INTERSECTION OR LANDMARK CITY, TOWN, COUNTY STATE

DIRECTION:

N E S W OTHER
YOURS _____
OTHER _____

WEATHER:

____ CLEAR ____ RAINING ____ SNOWING ____ FOG
____ SLEETING ____ DUST/SMOKE/FOG ____ HIGH WIND ____ OTHER _____

SPEED:

POSTED ACTUAL DANGER NOTICED
YOURS _____
OTHER _____

PAVEMENT:

____ ASPHALT ____ GRAVE/DIRT ____ CONCRETE ____ BRICK/STONE
____ STEEL ____ WOOD ____ OTHER

TRAFFIC CONTROL:

STOP SIGN
____ 1 WAY ____ RAILROAD SIGNAL
____ 2 WAY ____ CONTROLLED INTERSECTION
____ 3 WAY ____ UNCONTROLLED INTERSEC.
____ 4 WAY ____ NOT AN INTERSEC.
____ YIELD ____ POLICE/FLAG PERSON

AREA:

____ RESIDENT ____ COMMERCIAL ____ RURAL ____ OTHER

CONDITION:

____ DRY ____ WET ____ SLIPPERY ____ POT HOLES

SEAT BELT:

____ USED ____ NOT USED

AUTOMOBILE LIABILITY INCIDENT REPORT

- CONTINUED -

PARISH / AGENCY SUBMITTING THIS REPORT: _____

PERSON SUBMITTING THIS REPORT: _____

PHONE #: _____

FAX #: _____

INCIDENT DESCRIPTION – Briefly tell how the accident happened. Indicate movement of involved vehicles when a hazard was first noticed, warning or evasive action taken and length and position of any skid marks. Draw a diagram of the accident and attach it to this form.

WHAT ACTION HAS BEEN TAKEN TO PREVENT SIMILAR INCIDENTS IN THE FUTURE?

INJURIES – DESCRIBE NATURE OF ANY APPARENT INJURIES:

DRIVER:

NAME: _____

ADDRESS: _____

PHONE #: _____

INJURY: _____

OTHER DRIVER:

NAME: _____

ADDRESS: _____

PHONE #: _____

INJURY: _____

PASSENGER:

NAME: _____

ADDRESS: _____

PHONE #: _____

INJURY: _____

OTHER PASSENGER, PEDESTRIAN:

NAME: _____

ADDRESS: _____

PHONE #: _____

INJURY: _____

POLICE OFFICER ASSISTING:

NAME: _____

HEADQUARTERS: _____

CITATIONS: _____

BADGE #: _____

POLICE REPORT: YES NO

PROPERTY DAMAGE – DESCRIBE NATURE OF DAMAGE:

YOUR VEHICLE: _____

OWNER: _____

ADDRESS: _____

PHONE #: _____

PROPERTY OTHER THAN VEHICLE: _____

VEHICLE MAKE: _____

VIN #: _____

DRIVER LICENSE #: _____

INSURANCE CO.: _____

OTHER VEHICLE: _____

OWNER: _____

ADDRESS: _____

PHONE #: _____

PROPERTY OTHER THAN VEHICLE: _____

OTHER VEHICLE MAKE: _____

VIN #: _____

DRIVER LICENSE #: _____

INSURANCE CO.: _____

WITNESSES:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

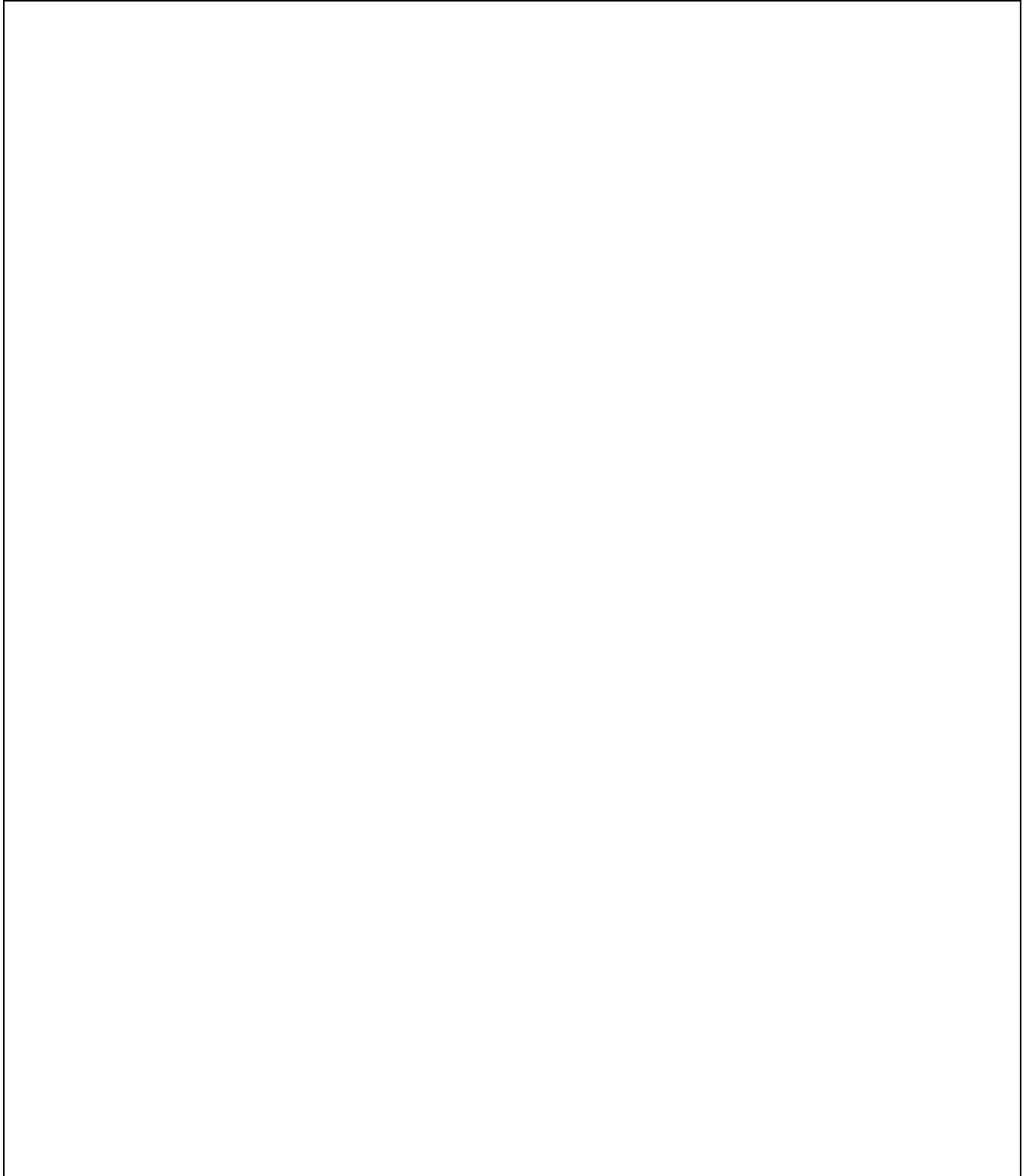
PHONE #: _____

PHONE #: _____

AUTOMOBILE LIABILITY INCIDENT REPORT

- CONTINUED -

Please Draw a Picture to Describe the Incident:



IF A CAMERA IS AVAILABLE, PLEASE TAKE PICTURES OF THE DAMAGE.