

# 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](mailto: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](mailto: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:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

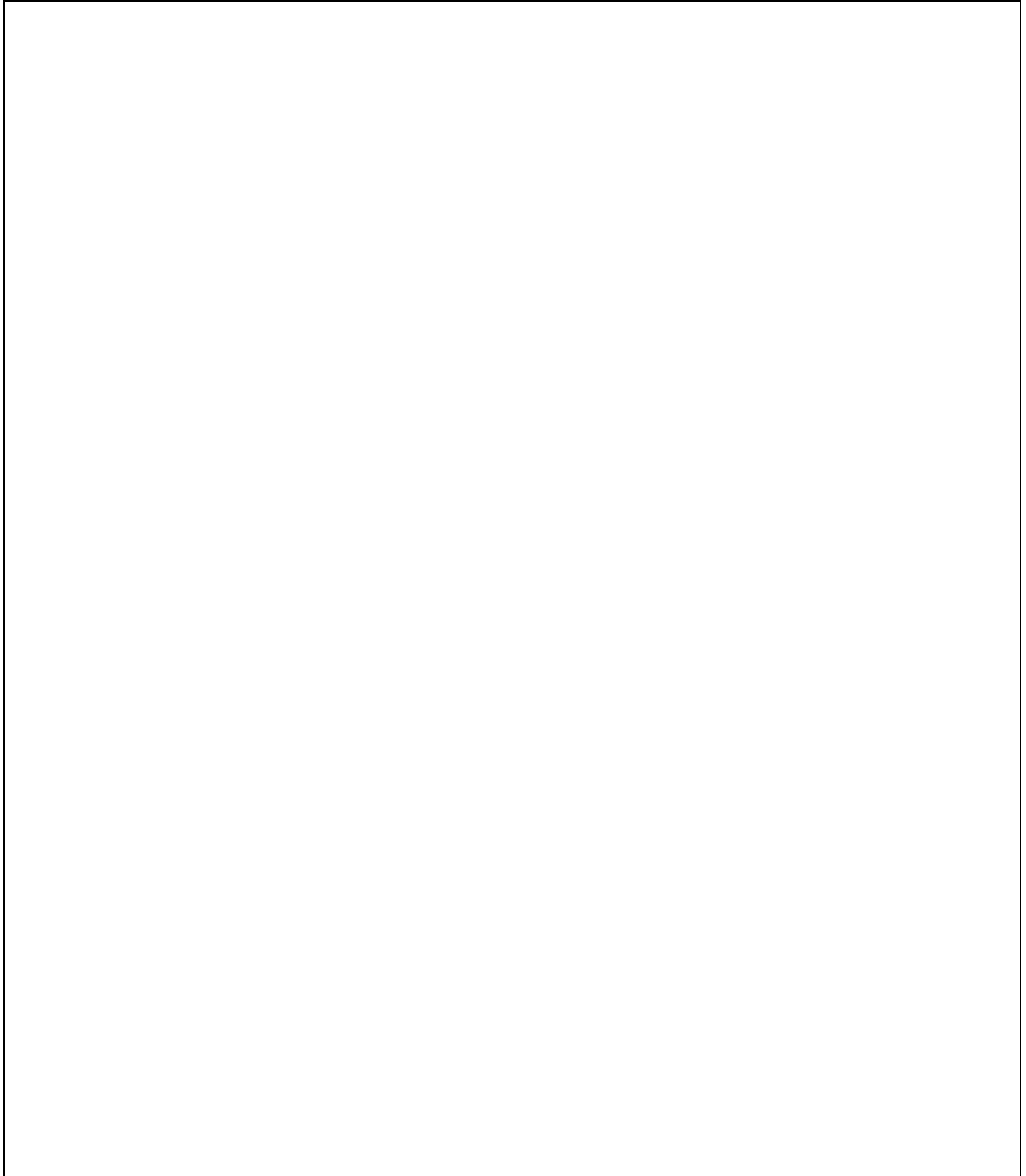
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**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.**