

Incident Investigation Report for Injuries

Complete this report for all incidents/injuries. (Also, complete this report for near-miss incidents/injuries). This report is for information only. All claims should be reported immediately to Catholic Mutual Group and faxed to (212) 826-8379. Please read each question carefully and answer all questions as completely as you can. **Please do not leave any blanks**, unless the question does not apply.

Name of injured person: _____

Phone: () _____

Complete address: _____

Names of witnesses and their complete addresses and phone numbers:

Describe the incident

State what the individual was doing and all circumstances leading up to the incident. Try to reconstruct the chain of events leading up to the incident/injury. Be specific.

Who was involved? _____

What took place? _____

Date and time of incident: _____

Where did it happen? _____

Why did it happen? _____

How did it happen? _____

Incident investigation conducted by: _____

Signature of individual in charge: _____

Date report prepared: _____