

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 at (800) 228-6108. 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? _____

When did it occur? Date _____ Hour of incident _____ AM PM

Where did it happen? _____

Why did it happen? _____

How did it happen? _____

Corrective Action:

1. In your opinion, was this incident preventable? Yes _____ No _____

2. If yes, state why. _____

3. What action have you taken or do you propose taking to prevent a similar incident from taking place?

Training:

Have you provided any training to prevent this incident? If not, describe training to be conducted.

Incident Investigation conducted by: _____

Signature of individual in charge

Date report prepared