

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 Paul Altmann, Claims/Risk Manager from Catholic Mutual Group at (715) 394-0222, or 1201 Hughitt Avenue, Box 969, Superior, WI 54880. 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 Party: _____ **Date of Birth:** _____

Complete Address: _____ **Phone:** _____

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? _____

Type of Medical Attention Provided: _____

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 (list individuals involved): _____

Signature of individual in charge

Date report prepared