

## Incident Investigation Report for Injuries

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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) 392-2937, 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