

Incident Investigation Report for Injuries

Complete this report for all incidents/injuries. (Also complete this report for near-miss incidents.) All claims should be reported immediately to the **Diocesan Claims/Risk Manager from Catholic Mutual Group Branch Office in Madison (Phone: 608-821-4566)**. 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: _____

Parish or Institution: _____ Phone: _____

Street Address: _____ City/Location: _____

If injured party is under 18 years old, list names and address of their parents:

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 to take 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.

Any first aid or medical attention? Yes No What? _____

Incident Investigation conducted by: (List individuals involved.) _____

Follow Up:

Later observations of Injured Person: _____

Signature of Individual in Charge

Date Report Prepared

THIS FORM IS CONFIDENTIAL AND SHOULD NOT BE RELEASED TO ANYONE BUT THE DIOCESE OF MADISON AND CATHOLIC MUTUAL GROUP.