

## 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.

### I. Identification of the Accident:

Name of Injured: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

### II. Nature of Injury:

Exact part of body affected and type of injury: \_\_\_\_\_

\_\_\_\_\_

Description of HOW and WHY accident occurred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of witnesses: \_\_\_\_\_

### III. Accident Prevention Information:

Equipment, tool, or item causing injury: \_\_\_\_\_

Was accident caused by failure to use or observe safety practices, policies, or regulations?

\_\_\_\_\_

### IV. Corrective Action:

What corrective action can be done to prevent a recurrence of this accident/injury?

\_\_\_\_\_

\_\_\_\_\_

Comments/Recommendations (by Safety Committee, Safety Director, or Supervisor):

\_\_\_\_\_

\_\_\_\_\_

Person(s) responsible for corrective action: \_\_\_\_\_

\_\_\_\_\_

Safety Director/Manager Review: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_ Date