

INCIDENT INVESTIGATION REPORT FOR INJURIES

Complete this report for all incidents/injuries as well as 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 (Near-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? _____

Signature of individual in charge

Date report prepared

Please keep this form on file at the parish/school.