

## INCIDENT INVESTIGATION REPORT FOR INJURIES

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Complete this report for all incidents/injuries (Also complete this report for near-miss incidents). All claims should be reported immediately to the **Diocesan Assistant Claims/Risk Manager from Catholic Mutual Group Branch Office in La Crosse (Phone: 608-519-9890)**. 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/STATE/ZIP: \_\_\_\_\_

If injured party is under 18 years of age, list names and address of parent/guardian:

\_\_\_\_\_

Name of Witnesses and their complete address 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) (If necessary, continue on another paper)

Who was involved: \_\_\_\_\_

Describe the injury: \_\_\_\_\_

What took place: \_\_\_\_\_

\_\_\_\_\_

Where did it occur: \_\_\_\_\_

When did it occur: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Why did it happen: \_\_\_\_\_

How did it happen: \_\_\_\_\_

### **CORRECTIVE ACTION**

In your opinion, was this incident preventable: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, state why: \_\_\_\_\_

What action have you taken or do you propose to take to prevent similar incidents from taking place:

\_\_\_\_\_

First-Aid or Medical Attention: \_\_\_\_\_ Yes \_\_\_\_\_ No What: \_\_\_\_\_

Incident Investigation conducted by (list individuals involved): \_\_\_\_\_

### **Follow Up**

Later observation 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 LA CROSSE AND CATHOLIC MUTUAL GROUP.**

Please complete and sent to: Catholic Mutual Group Attn: Ben Burrow  
3710 East Ave South, La Crosse, WI 54601  
Phone: (608) 519-9890 and [bburrow@catholicmutual.org](mailto:bburrow@catholicmutual.org)