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 at 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:	
Address:			Phone:	
If injured party is under 18 years old, list names and	address of t	heir parents:		
				_
Names of Witnesses and their complete addresses and	d phone nun	nbers:		
Describe the Incident: (State what the individual was chain of events leading up to the incident/injury. Be s		all circumstances lead	ling up to the incident. Try to	reconstruct the
Who was involved?				
What took place?				
When did it occur? Date:	_ Hour of I	ncident:	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 t	o take to pre	event a similar incider	nt from taking place?	
			<u> </u>	
Training: Have you provided any training to prevent	this incider	nt? If not, describe tra	ining to be conducted?	
g		,		
Any first aid or medical attention? Yes	No	What?		
Incident Investigation conducted by: (List individu	als involved	1)		
Follow Up:		<u></u>		
Later observations of Injured Person:				
Signature of Individual in Charge		Date Report P	repared	

THIS FORM IS CONFIDENTIAL AND SHOULD NOT BE RELEASED TO ANYONE BUT ST. AMBROSE FINANCIAL SERVICES, INC., AND CATHOLIC MUTUAL GROUP.