

**DIOCESE OF ALLENTOWN**  
**INCIDENT INVESTIGATION REPORT**

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 (610) 439-7696. 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: \_\_\_\_\_

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 taking 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.

\_\_\_\_\_

Incident Investigation conducted by: \_\_\_\_\_

\_\_\_\_\_  
Signature of individual in charge

\_\_\_\_\_  
Date report prepared