

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 the Diocese of Nashville, ATTN: Hans Toecker at (615) 783-0765; fax: (615) 292-8411. 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 Party: _____ **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? _____

If the accident involved a student(s), describe who the school contacted and what actions were taken: _____

Training:

Have you provided any training to prevent this incident? If not, describe training to be conducted. _____

Incident Investigation conducted by (list individuals involved): _____

Signature of individual in charge

Date report prepared

Note: If the injured person is an employee of the school or parish and it is a work related injury or illness, please complete form C-20, Employer's First Report of Injury or Illness and return the

Form 717.3

completed form to the Diocese of Nashville, ATTN: Hans Toecker at (615) 783-0765; fax: (615) 292-8411.