

# CARES

## RISK MANAGEMENT INFORMATION *Catholic Mutual . . . "CARES"*

### ACCIDENT INVESTIGATION REPORT

#### I. Identification of the Accident:

Name of Injured: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

#### II. Nature of Injury:

Exact part of body affected and type of injury: \_\_\_\_\_

Description of HOW and WHY accident occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of witnesses: \_\_\_\_\_

#### III. Accident Prevention Information:

Equipment, tool, or item causing injury: \_\_\_\_\_

Was accident caused by failure to use or observe safety practices, policies, or regulations? \_\_\_\_\_

#### IV. Corrective Action:

What corrective action can be done to prevent a recurrence of this accident/injury?

\_\_\_\_\_  
\_\_\_\_\_

Comments/Recommendations (by Safety Committee, Safety Director, or Supervisor):

\_\_\_\_\_  
\_\_\_\_\_

Person(s) responsible for corrective action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Safety Director/Manager Review: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Revised 10/05)



CATHOLIC  
ERM