

# *Catholic Mutual. . ."CARES"*

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## 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