



# Incident Investigation

Coverage Through Risk Pool: Midwest Public Risk | Claims Administrator (TPA): Thomas McGee, L.C.  
(\* = Required Information)

This form should be completed by the assigned staff member to assist with an incident investigation. Address all questions. Use N/A (non-applicable) when appropriate. Additional sheets and photographs may be attached as necessary. Investigations should be conducted within 24 hours of notification. The completed form should be forwarded to the Safety Coordinator. Please print or type. Thank you.

## MEMBER INFORMATION\*

Preparer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Entity: \_\_\_\_\_ Department: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## INCIDENT INFORMATION\*

Incident Type(s):     Workers Compensation     Liability     Property     Near Miss  
Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Date Investigated: \_\_\_\_\_  
Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Claim Filed with Thomas McGee Group?     Yes     No    Date Filed: \_\_\_\_\_  
Completed By: \_\_\_\_\_ Department: \_\_\_\_\_  
Was anyone injured? If Yes, describe below.     Yes     No  
**FOR WORK COMP ONLY:** Did Employee return to next shift?     Yes     No  
Was Nurse Triage Hotline Called? 1-855-477-2266     Yes     No  
Was a police or other investigative report completed?     Yes     No  
Department Name: \_\_\_\_\_ Report Number: \_\_\_\_\_

## EMPLOYEE(S) INVOLVED INFORMATION\*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

## NON EMPLOYEE(S) INVOLVED INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## WITNESS INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe in detail how the incident occurred, including any contributing task or activity at the time of the incident and any object or substance that contributed.



# Incident Investigation

What caused/contributed to the incident? In numerical order make up to three choices below with #1 as the most significant factor.

- Defective equipment / substance
- Protective equipment not used
- Protective equipment not available
- Inadequate planning / method
- Inattention / distraction
- Unsafe facility / environment
- Inadequate Maintenance
- Insufficient training / authorization
- Infraction of procedures / instructions
- Actions of another
- Other (be specific) \_\_\_\_\_

What actions have been or will be taken to prevent a similar reoccurrence?

Corrective Actions Assigned to: \_\_\_\_\_ Completed On: \_\_\_\_\_

Date(s) Reviewed by Safety/Loss Control Committee: \_\_\_\_\_

Investigators Comments:

Investigator Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Comments:

### ADDITIONAL COMMENTS/REMARKS/STATEMENTS BY ANY WITNESSES

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Complete this form, keep a copy and email a copy to [claims@mprisk.org](mailto:claims@mprisk.org) or Fax to 816-842-1276  
For questions call 816-858-6380 or 816-842-4800 (Please specify you are with MPR)  
Please attach any additional pertinent information in relation to the claim (photos, police report, estimates, etc.)