

FELTON FIRE PROTECTION DISTRICT

ACCIDENT INVESTIGATION REPORT

Investigator: _____ Date: _____

Person Involved: _____ Job Title: _____

Accident/Injury:

Date: _____ Time: _____ Location: _____

Job or activity when accident/injury occurred: _____

Describe Accident/Injury:

Cause: _____

Witness/Witnesses:

1. _____
Name Address Phone Number

2. _____
Name Address Phone Number

Investigator Summary: _____

Corrective Action: _____

Signature: _____