

SCOTTS VALLEY FIRE PROTECTION DISTRICT
Accident Investigation Report

Investigator: _____ **Date:** _____

Person(s) Involved: _____ **Job Title:** _____

Accident/Injury

Date: _____ **Time:** _____ **Location:** _____

Job or Activity When Accident/Injury Occurred: _____

Accident/Injury Description

Cause: _____

Witness(s):

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
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Investigator Summary: _____

Corrective Action: _____

Signature: _____ **Date:** _____