



DEPARTMENT OF PUBLIC SAFETY  
INVESTIGATOR'S REPORT FORM



Incident Information	
Name of injured employee/person:	
Job Title:	
Division/Bureau/Company:	
Witness Names (list):	
Date and Time of Incident:	
Date and Time of Reporting Incident:	
Incident location:	
Type of Incident:	
<input type="checkbox"/> Workplace Injury/Illness	<input type="checkbox"/> Loss Control/Prevention Issue
<input type="checkbox"/> Vehicle/Equipment Incident	<input type="checkbox"/> Property Damage Only
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Property Lost ( <input type="checkbox"/> Lost or <input type="checkbox"/> Stolen)
<input type="checkbox"/> "Near Miss" <i>An incident which could have resulted in a Personal Injury, Vehicle or Equipment Accident, or Property Damage</i>	
Police report made: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date reported:	
Agency taking report:	
Case/Report #:	
Duty Injury:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item Information	
Description:	
Make & Model:	Serial/VIN#:
Item assigned to:	
Brief synopsis of incident:	

## INVESTIGATOR'S REPORT FORM

### Identify Root Causes

(i.e. policy violation, lack of training, lack of manpower/equipment, etc.)

### Similar Previous Incidents Involving the Same Person or Location

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### Investigator's Recommendation/Corrective Actions

I make the following recommendation(s):

Action and Follow Up:

What could Supervisors have done to prevent this accident from occurring?

Corrective action recommended?  Yes  No Explain:

### Person Completing Investigation

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date

**INVESTIGATOR'S REPORT FORM**

**District Commander/Division Director/ Bureau Chief**

Duty Injury  Yes  No Explanation:

I have reviewed the action recommended and I:  Agree  Disagree

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date

**Office of the Chief/Deputy Secretary**

Duty Injury  Yes  No Explanation:

I have reviewed the action recommended and I:  Agree  Disagree

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date

**Office of the Secretary**

I have reviewed the action recommended and I:  Agree  Disagree

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date