



**Mississippi Forestry Commission  
Accident Investigation Report**

***Personal Injury***

1. **Name Of Injured:**
2. **Title of Injured:**
3. **MFC Location:**
4. **Date of Injury:**
5. **Date of Investigation**
6. **Investigated By:**
  
7. **DESCRIPTION OF INJURY:**
  
  
  
  
  
  
  
  
  
  
8. **WHAT WAS EMPLOYEE DOING WHEN INJURED:**
  
  
  
  
  
  
  
  
  
  
9. **STATEMENT OF INJURED EMPLOYEE:**
  
  
  
  
  
  
  
  
  
  
10. **NAME AND STATEMENT OF WITNESS:**
  
  
  
  
  
  
  
  
  
  
11. **WHAT PERSONAL PROTECTIVE EQUIPMENT WAS EMPLOYEE WEARING?: (CHECK ALL THAT APPLY)**

Hard Hat/ ATV Helmet	Safety Glasses /Goggles /Face Shield
Gloves	Leather Boots
Snake Leggings	Welding Helmet / Goggles
Welding Apron	Chainsaw Chaps
NOMEX clothing properly worn	Hearing Protection
Fire Shelter	Other: _____



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**12. CONCLUSION OF MFC INVESTIGATION:**

**13. COULD ACCIDENT HAVE BEEN PREVENTED?:      Yes                  No                  , IF SO HOW?:**

**14. WHAT ACTION HAVE BEEN TAKEN (OR WILL BE TAKEN) TO PREVENT SIMILAR ACCIDENTS FROM OCCURRING?**

\_\_\_\_\_  
**SIGNATURE OF INVESTIGATOR**

\_\_\_\_\_  
**SIGNATURE OF LINE OFFICER**