



MISSISSIPPI FORESTRY COMMISSION
ACCIDENT INVESTIGATION REPORT

VEHICLE ACCIDENT

NAME OF MFC DRIVER: _____

TITLE OF MFC DRIVER: _____

MFC LOCATION: _____ PREVENTABLE? ___Yes ___ No

DATE OF ACCIDENT: _____

DATE OF INVESTIGATION: _____

NAME OF INVESTIGATOR: _____

NAMES AND TITLES OF MFC PASSENGERS:

WERE ALL SEAT-BELTS FASTENED? _____Yes _____No

DESCRIBE INJURIES BY NAME:

WAS A TRAFFIC CITATION ISSUED? _____Yes _____No

TO WHOM: _____

WHY?

STATEMENT OF MFC DRIVER:

STATEMENT OF MFC PASSENGER(S):



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STATEMENT OF OTHER DRIVER:

STATEMENT OF WITNESSES (GIVE NAMES AND PHONE #):

OTHER DRIVER'S INSURANCE INFORMATION:

Other Driver's Name: _____

Other Driver's Address: _____

Agent's Name: _____

Address: _____

Phone Number: _____

Policy Number: _____

Tag Number: _____

Make/Model of Other Driver's Vehicle: _____

CONCLUSION OF MFC INVESTIGATOR:

COULD ACCIDENT HAVE BEEN PREVENTED? ____ Yes ____ No, IF SO, HOW?

WHAT ACTIONS HAVE BEEN TAKEN (OR WILL BE TAKEN) TO PREVENT SIMILAR ACCIDENTS FROM OCCURRING?

SIGNATURE OF MFC DRIVER

SIGNATURE OF INVESTIGATOR

SIGNATURE OF LINE OFFICER