**INJURY/FATALITY INVESTIGATION CHECKLIST**

|  |  |  |
| --- | --- | --- |
|  |  | **Department Name**  **Address**  **Phone Number** |

|  |  |
| --- | --- |
| Case/Incident# |  |

|  |  |
| --- | --- |
|  | DOCUMENTS/INFORMATION REQUESTED:(Check applicable documents) |
|  | Employee Profile Sheet: Name/D.O.B./Address |
|  | Have uniform, bunker gear, SCBA secured for evidence |
|  | Fire Department I.D.# and Fire Department Alarm number |
|  | Fire Department Fire Report |
|  | NIFRs Report |
|  | Daily Roster Report/Telestaff Report |
|  | Fire Department Dispatch record and times |
|  | Fire Department or EMS Agency Medical Report |
|  | Law Enforcement Case# and Report |
|  | Fire Department Employee Injury Report |
|  | Fire Department Supervisor’s Injury Report |
|  | Safety Plans/Forms |
|  | Drill/Training Plans/Forms |
|  | Incident Action Plans |
|  | Incident Command Checklists |
|  | Employee’s FCDICE# |
|  | Employee’s Training Records |
|  | Fire Department representative’s name/date/time and route reporting the incident |
|  | Fire Department point of contact: |
|  | Fire Department family liaison if one assigned |
|  | Name and address of hospital/agency patient transported to: |
|  | Other responding agencies: |
|  | Requesting the following Fire Department Policy/Procedure/SOG: |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| INTERVIEWS: | AGENCY | NAME AND CONTACT |
| SUBJECT #1 |  |  |
| SUBJECT #2 |  |  |
| SUBJECT #3 |  |  |
| WITNESS #1 |  |  |
| WITNESS #2 |  |  |
| WITNESS #3 |  |  |
| WITNESS #4 |  |  |
| WITNESS #5 |  |  |
| WITNESS #6 |  |  |
| WITNESS #7 |  |  |
| WITNESS #8 |  |  |
|  |  |  |
|  |  |  |