



ITCC Accident Investigation Report

Property Name/Location:_____

Date :_____

Property Address:_____

City, State, Zip:_____

Name of Person(s) Injured:_____

Address:_____

Phone:_____

Email:_____

Other Person(s) Involved in accident:_____

ITCC Officials or Witnesses on-site when accident occurred:

Accident type: Property Damage ☐ Personal Injury ☐

Time of Accident:_____

Exact location on property where accident occurred:

What was the person(s) doing at time of accident?

If Property Damaged

Description of damaged property: _____

Damaged Property owned by: _____

Address: _____

Phone: _____

Estimate Cost of Replacement or Repair: _____

If Personal Injury Accident

Was an Aerial Rescue Required? _____

If Yes name of persons involved in the rescue: _____

Describe the rescue procedure: _____

Was First Aid Administered? _____

If Yes by whom? _____

Describe First Aid Given: _____

Was Medical Attention required? _____

How was Injured transported to Medical Facility?

Name of Medical Facility: _____

Name of Physician: _____

Cost of Medical Attention: _____

Specific nature of Injuries: _____

Description of Accident:

Accident Analysis

Describe any unsafe acts or violations of known Industry or Safety Standards:

Describe any unsafe conditions:_____

What is the basic and key reason for this accident?

Corrective/Preventative Measures

What corrective action do you recommend to prevent this from happening in the future?

Damage Repair

Property Repair Being Handled By:_____

Accident Report Filed By:_____

Date of Report:_____

Use this space or an additional sheet of paper to draw a diagram of the accident.

Final Comments:

ISA Office Use Only

Accident Report Filed by:

Print Name:_____

Signature:_____

ITCC Chairman Signature:_____

ISA Executive Director Signature:_____