## DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

464 W. 4<sup>TH</sup> Street, Suite 332 San Bernardino, CA 92401 Tele: (909) 383-4321 FAX: (909) 383-6789

January 10, 2014

(Name Next of Kin) (Address Next of Kin)

Dear (Name Next of Kin),

Please accept my deepest sympathy regarding the tragic accident that resulted in the death of (victim's name). The Division of Occupational Safety and Health (Cal/OSHA) has completed the investigation into the cause of the accident and would like to inform you of the findings.

The investigation was initiated by Cal/OSHA on (Opening Conference Date) and was completed on (Closing Conference Date). As a result of the investigation, It has been determined that no standard, rule, order or regulation set forth in Title 8, California Code of Regulations, and Division 5 of the California Labor Code, has been violated in connection with the industrial accident and/or occupational illness.

Please contact me if you, or other family members, have any questions regarding the investigation or would like to receive a copy of the investigation report.

Again, please accept my condolences and let me know if I can be of any assistance to you or your family.

Sincerely,

District Manager