

Vehicle Accident/Loss Investigation Report

Please note: This is NOT a claim form.

Fire Department: _____ Date: _____

Address: _____

Name of Driver: _____ Vehicle ID/Unit Number: _____

Type of Vehicle: _____ Date Driver Last Certified on Vehicle: _____

Date of Accident: _____ Time: _____ Date Reported: _____

Location of Accident: _____

Roadway

- | | |
|------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Straight | <input type="checkbox"/> 2-lane |
| <input type="checkbox"/> Curve | <input type="checkbox"/> 3-lane |
| <input type="checkbox"/> On grade | <input type="checkbox"/> 4-lane |
| <input type="checkbox"/> Level | <input type="checkbox"/> Divided |
| <input type="checkbox"/> Hillcrest | <input type="checkbox"/> Rural |
| | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dry | <input type="checkbox"/> Lanes marked |
| <input type="checkbox"/> Wet | <input type="checkbox"/> Lanes unmarked |
| <input type="checkbox"/> Muddy | <input type="checkbox"/> No road defects |
| <input type="checkbox"/> Snowy | <input type="checkbox"/> Holes, ruts, etc. |
| <input type="checkbox"/> Icy | <input type="checkbox"/> Loose material |
| <input type="checkbox"/> Oily | <input type="checkbox"/> Other: _____ |

Accident Occurred

- At station
- Responding to emergency
- At emergency scene
- Returning from emergency
- Training
- Convention or parade
- Other: _____

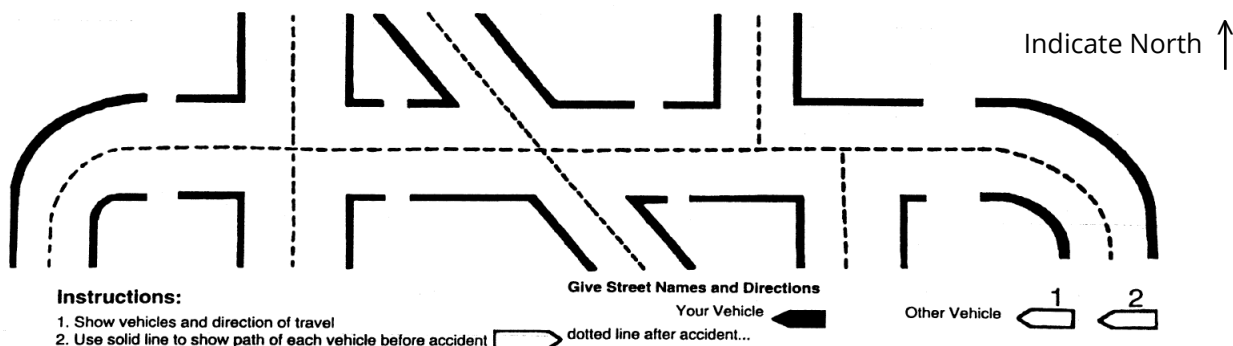
Types of Loss

- Personal injury
- Property damage
- Vehicle damage

Weather

- Clear
- Rain
- Sleet
- Snow
- Fog
- Other: _____

Description of Accident:



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Safety Analysis

What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)

What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)

What actions has or will be taken to prevent recurrence? Place "X" by items completed.

Safety Supervisor's Comments:

Driver's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Safety Supervisor's Signature: _____ Date: _____