



Vehicle Accident/Loss Investigation Report

(This is not a claim form)

Fire Department: _____ Date: _____

Address: _____

Name of Driver: _____

Type of Vehicle: _____ Vehicle ID/Unit Number: _____

Date Driver was Last Certified on the Above 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"/> 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

- | |
|---|
| <input type="checkbox"/> At station |
| <input type="checkbox"/> Responding to emergency |
| <input type="checkbox"/> At emergency scene |
| <input type="checkbox"/> Returning from emergency |
| <input type="checkbox"/> Training |
| <input type="checkbox"/> Convention or parade |
| <input type="checkbox"/> Other _____ |

Type of Loss

- | |
|--|
| <input type="checkbox"/> Personal injury |
| <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Vehicle damage |

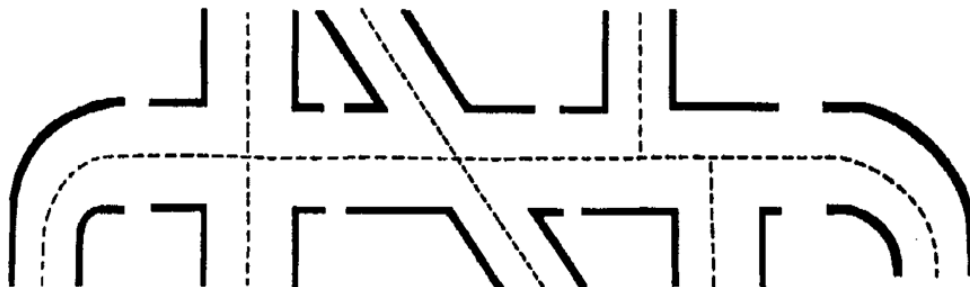
Weather

- | |
|--------------------------------------|
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Rain |
| <input type="checkbox"/> Snow |
| <input type="checkbox"/> Fog |
| <input type="checkbox"/> Sleet |
| <input type="checkbox"/> Other _____ |

Description of Accident: _____

Motor Vehicle Diagram

Complete the following diagram showing direction and positions of automobiles involved, designating clearly point of contact.



Instructions:

- | | | |
|--|----------------|--------------------------------|
| 1. Give street names and directions | Indicate North | |
| 2. Show vehicles and direction of travel | Your Vehicle | Other Vehicle(s) 1 2 |
| 3. Use solid line to show path of each vehicle before accident | | Use dotted line after accident |



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 action 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 _____