



Vehicle Accident/Loss Investigation Report

(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 Above Vehicle _____

Date of Accident _____ Time _____ Date Reported _____

Location of Accident _____

Roadway

- Straight _____
- Curve _____
- On Grade _____
- Level _____
- Hillcrest _____
- Dry _____
- Wet _____
- Muddy _____
- Snowy _____
- Icy _____
- Oily _____
- 2-lane
- 3-lane
- 4-lane
- Divided
- Rural
- Other _____
- Lanes marked
- Lanes unmarked
- No road detects
- Holes, ruts, etc.
- Loose material
- Other

Accident Occurred:

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

Type of Loss

- Personal injury
- Property damage
- Vehicle damage

Weather

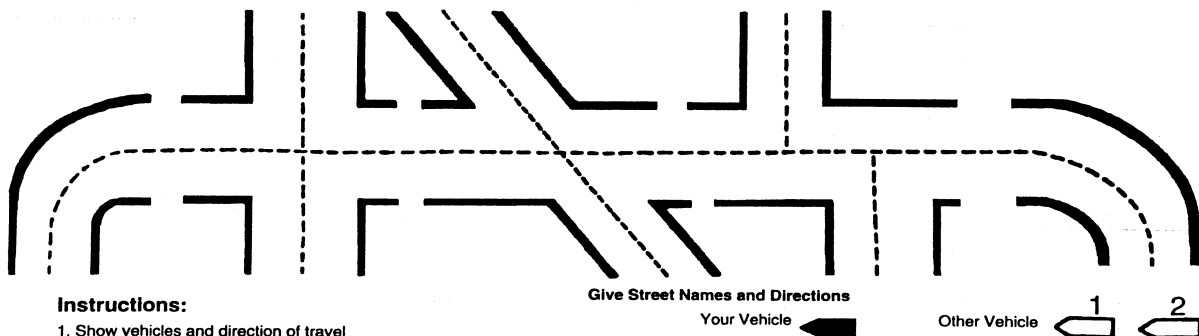
- Clear
- Rain
- Snow
- Fog
- Other _____

Description Of Accident _____

Motor Vehicle Diagram

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

Indicate North ↑



Instructions:

1. Show vehicles and direction of travel
2. Use solid line to show path of each vehicle before accident

dotted line after accident...

Give Street Names and Directions

Your Vehicle

Other Vehicle

1

2

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 _____