



# 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

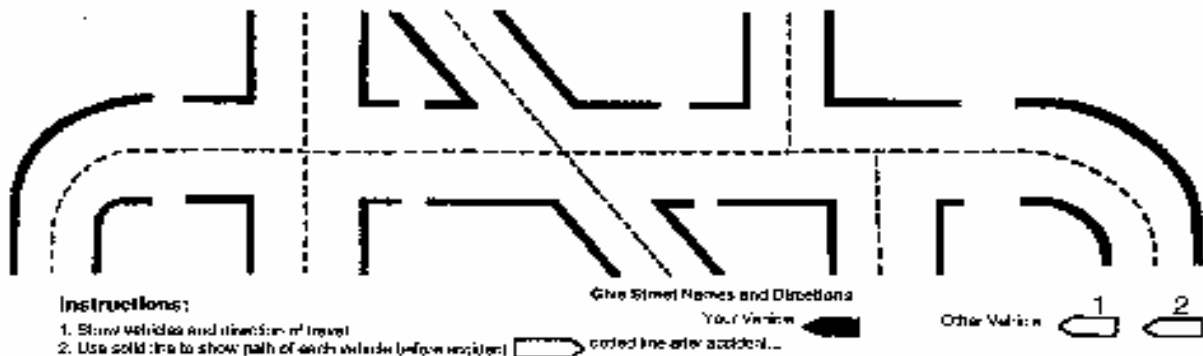
- Clear
- Rain
- Snow
- Fog
- Other \_\_\_\_\_

Description of Accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Motor Vehicle Diagram

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

Indicate North ↑



# Safety Analysis

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

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

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

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Safety Supervisor's Comments \_\_\_\_\_

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Driver's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Safety Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_