

### 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**

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

**Accident Occurred**

- At station
- Responding to emergency
- At emergency scene
- Returning from emergency
- Training
- Convention or parade
- Other \_\_\_\_\_

**Type of Loss**

- Personal injury
- Property damage
- Vehicle damage

**Weather**

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

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

\_\_\_\_\_

\_\_\_\_\_

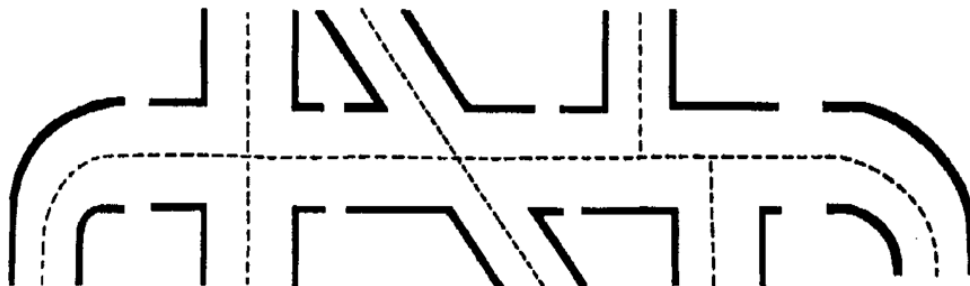
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### Motor Vehicle Diagram

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



**Instructions:**

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



### Safety Analysis

What acts, failures 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 \_\_\_\_\_