



STANDARD OPERATING GUIDELINES



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

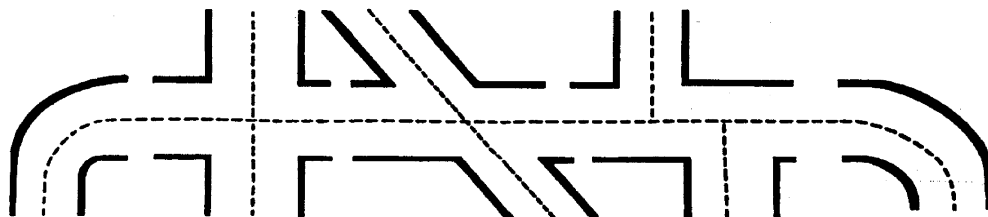
- Clear
- Rain
- Snow
- Fog
- Other _____

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

Give Street Names and Directions
Your Vehicle ←

Other Vehicle 1 ← 2 ←

-over-



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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 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 _____