



*Answering the call, saving lives!*



## Vehicle Accident/Loss Investigation Report

*(This is not a claim form)*

Department Name: EMERGENCY SERVICES Date: \_\_\_\_\_

Address: 10425 AUDIE LANE LA PLATA, MD 20646

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 checked="" 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

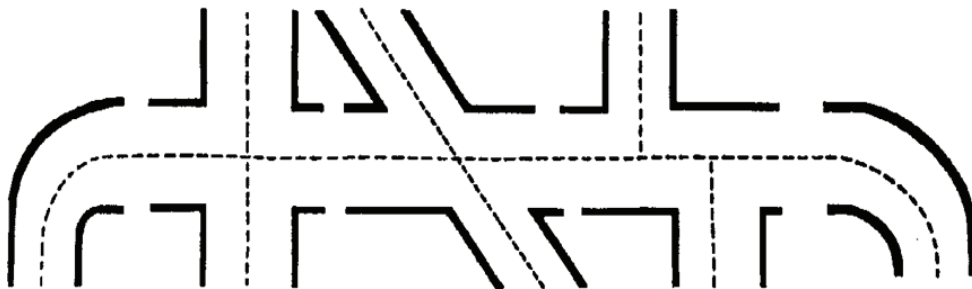
- |                                      |
|--------------------------------------|
| <input type="checkbox"/> Clear       |
| <input type="checkbox"/> Rain        |
| <input type="checkbox"/> Snow        |
| <input type="checkbox"/> Fog         |
| <input type="checkbox"/> Sleet       |
| <input type="checkbox"/>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



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### 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 \_\_\_\_\_