



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 _____

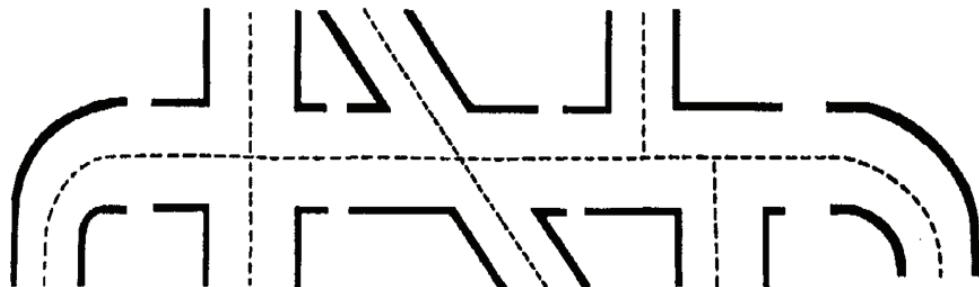
Type of Loss

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

Indicate North ↑
Your Vehicle 

Other Vehicle(s) 1  2 
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)

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 _____