

**Grant County Fire District #3  
Accident / Incident Report**

Report Date: \_\_\_\_\_

Accident / Incident Date: \_\_\_\_\_

Accident / Incident Time: \_\_\_\_\_

Accident / Incident Category:

Minor Injury

Property Damage

Serious Injury

Vehicle Damage – Vehicle # \_\_\_\_\_

Critical Injury

Equipment Damage

Fatality

Name of Personnel involved: \_\_\_\_\_ F.D. I.D. #: \_\_\_\_\_

Other Involved persons: \_\_\_\_\_ Phone#: \_\_\_\_\_

Career Staff

Volunteer

Civilian

Location of Accident / Incident: \_\_\_\_\_

Hours worked prior to this Accident / Injury: \_\_\_\_\_

Hours lost as a result: \_\_\_\_\_

Was appropriate protective clothing being worn?  Yes  No

Weather at the time of the Accident / Incident:

Daylight  Clear  Raining  Dusk  Overcast  Snowing

Dark  Foggy Winds \_\_\_\_\_

Witness to the Accident / Incident: (Name) \_\_\_\_\_

Describe the accident / Incident in detail including nature of injuries and /or damages:

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How could this have been prevented?

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Print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Safety Committee Use Only**

Date of Safety Committee Review: \_\_\_\_\_

Safety Committee Determination of Cause: \_\_\_\_\_

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Safety Committee recommendations of action to be taken in order to prevent similar accidents / incidents in the future:

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Further Recommendations:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE:

Please draw any representation of the incident scene that could aid the Safety Committee below:

