

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

Report Date: _____

Accident / Incident Date: _____

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 with 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(es) to the Accident / Incident: (Name)

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

How could this have been prevented?

Name: _____ Signature: _____ Date: _____

Safety Committee Use Only

Date of Safety Committee Review: _____

Safety Committee Determination of Cause: _____

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

Further Recommendations:

Signature: _____ Date: _____

NOTE:

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

