



# Vehicle Accident/Injury Report

Department \_\_\_\_\_ Date \_\_\_\_\_

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
- Sleet
- Icy
- Oily
- 2-lane
- 3-lane
- 4-lane
- Divided
- Rural
- Lanes Marked
- Lanes Unmarked
- No road defects
- Holes, ruts, etc.
- Loose material
- Other \_\_\_\_\_

### Accident Occurred:

- Town facility
- Town venue
- Town auxiliary services
- Town event
- Emergency scene
- Training
- In transit during performance of duties
- Other \_\_\_\_\_

### Type of Loss:

- Personal injury
- Property damage
- Vehicle damage

### Weather

- Clear
- Rain
- Frozen Precipitation
- Fog
- Smokey
- Other \_\_\_\_\_

### Description of Accident

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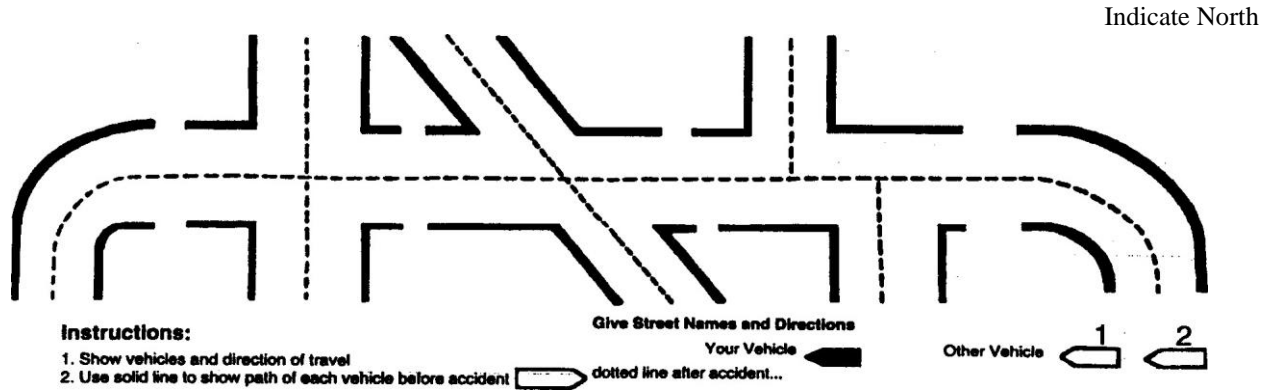
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### Motor Vehicle Diagram

Complete the following diagram showing direction and positions of automobiles involved, designating clearly point of contact.



### 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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