

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

ACCIDENT/DAMAGE REPORT

Today's Date: _____ Incident Date: _____ Incident #: _____

Did this event occur as a result of an emergency response? yes no If yes, indicate the following:
 enroute on scene returning to station other If other, please describe: _____

Location of incident: _____

Environmental conditions at time of incident: _____

Road pavement conditions at time of incident (if applicable): _____

Was department vehicle moved? yes no (if yes, enter vehicle #'s here): _____

Name of department vehicle driver/operator: _____

Name of apparatus officer at time of incident: _____

Name of additional personnel involved: _____

Was your vehicle moving at the time of this occurrence? yes no (If yes, what direction was your vehicle moving at initial point of contact: forward reverse stopped/parked

If vehicle was traveling in reverse, was someone outside the vehicle directing the driver? yes no
If yes, name of personnel: _____

If damage to a department vehicle occurred as a result of this incident, please describe in space provided: _____

If damage to civilian vehicle or property occurred as a result of this incident, please describe in space provided: _____

Please provide a diagram of this incident indicating the following: roadway features, i.e.: centerline, lanes, curbing, intersection or driveway as appropriate; vehicle(s) involved (including vehicle ID and direction of travel); stationary objects as appropriate, i.e.: trees, utility poles, abutments, permanent or temporary structure, etc.

Did personal injury to department personnel or civilian(s) occur as a result of this incident? yes no

If yes, indicate the following: Personal injury(s) to FD personnel #injured _____
Personal injury(s) to civilian personnel #injured _____

Did any personnel involved in this incident sign a refusal of treatment? yes no

If yes, indicate the following: # of FD personnel refusals: _____ # of civilian refusals: _____

Page 2 of 2 - ACCIDENT/DAMAGE REPORT

Was a law enforcement agency summoned to this occurrence? Yes No

If Yes, complete the following: Law enforcement agency responding _____
Law enforcement officer: _____
Case # assigned (if applicable/available) _____

Was this incident investigated on site by a FD staff officer? Yes No

Name of FD investigating Officer _____

Were photographs of the incident scene taken? Yes No

If Yes, who was the photographer? _____

Was a video tape made of the incident scene? Yes No

If Yes, who was the videographer? _____

Name of the immediate supervisor notified of this occurrence _____

Date and time supervisor was notified: Date: _____ Time: _____

Supplemental forms attached: Yes No # of pages _____

This report completed by: _____ **Date:** _____