

**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: \_\_\_\_\_

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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:** \_\_\_\_\_