**EAST LAKE TARPON**

**BOARD OF**

**FIRE COMMISSIONERS**

**Randy Burr**

**Jim Dalrymple**

**Kevin Kenney**

**Tom McQueen**

**David J. Root**

**SPECIAL FIRE CONTROL DISTRICT**

**3375 Tarpon Lake Blvd.**

**Palm Harbor, FL 34685**

**727-784-8668 fax: 727-474-5830**

[**www.elfr.org**](http://www.elfr.org)

**Accident/Damage Report Form**

To be completed by the employee immediately following any incident that resulted in injury or property damage and submitted via email to the Deputy Chief through the COC.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personnel/Vehicle** | **Accident Occurred:** | **Roadway: Check all that apply** | | **Weather** | **Type of Loss** |
| Driver: | At station | Straight | 4-lane | Clear | Personal Injury |
|  | Responding to emergency | Curve | Divided | Rain | Property Damage |
| Vehicle involved: | At emergency scene | Dry | Lanes Marked | Fog | Vehicle Damage |
|  | Returning from emergency | Wet | Lanes Unmarked | Other |  |
| Apparatus Officer: | Training | Oily | Other |  |  |
|  | Other | 2-lane |  |  |  |
| Additional Personnel involved: |  | 3-lane |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The following sections will be completed for all incidents:** | | | |
| Date of incident: | Approximate time of incident: (24 hour) | | |
| Location of incident (be specific as to where, what intersection or what location, etc.): | | | |
| Insert or Attach digital photos of the incident location and detailed pictures of the vehicle damage: | | | |
| Detailed description of accident: | | | |
| What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause) | | | |
| What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause) | | | |
| What action has or will be taken to prevent recurrence? | | | |
| Safety Supervisor's Comments | | | |
| Driver's review and approval of information: | | | Date: |
| Supervisor's review: | | | Date: |
| Safety Supervisor's review: | | | Date: |
|  | | |  |
| **Safety Committee use only** | | | |
| Reviewed by (list names): | | Date: | |
| Recommended actions: | | | |