**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 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- |
| **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:  |