



**EAST LAKE TARPON
SPECIAL FIRE CONTROL DISTRICT**

3375 Tarpon Lake Blvd.
Palm Harbor, FL 34685
727-784-8668 fax: 727-474-5830
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:	<input type="checkbox"/> At station	<input type="checkbox"/> Straight	<input type="checkbox"/> 4-lane	<input type="checkbox"/> Clear	<input type="checkbox"/> Personal Injury
	<input type="checkbox"/> Responding to emergency	<input type="checkbox"/> Curve	<input type="checkbox"/> Divided	<input type="checkbox"/> Rain	<input type="checkbox"/> Property Damage
Vehicle involved:	<input type="checkbox"/> At emergency scene	<input type="checkbox"/> Dry	<input type="checkbox"/> Lanes Marked	<input type="checkbox"/> Fog	<input type="checkbox"/> Vehicle Damage
	<input type="checkbox"/> Returning from emergency	<input type="checkbox"/> Wet	<input type="checkbox"/> Lanes Unmarked	<input type="checkbox"/> Other	
Apparatus Officer:	<input type="checkbox"/> Training	<input type="checkbox"/> Oily	<input type="checkbox"/> Other		
	<input type="checkbox"/> Other	<input type="checkbox"/> 2-lane			
Additional Personnel involved:		<input type="checkbox"/> 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:

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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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What action has or will be taken to prevent recurrence?

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Safety Supervisor's Comments

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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:

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