Grant County Fire District #3
Accident / Incident Report

Report Date: _____ **Accident / Incident Date:** _____

Accident / Incident Time: _____

Accident / Incident Category:

( ) Minor Injury ( ) Property Damage

( ) Serious Injury ( ) Vehicle Damage – Vehicle # _____

( ) Critical Injury ( ) Equipment Damage ( ) Fatality

Name of Personnel involved: _____ F.D. I.D. #: _____

Other Involved persons with Phone #:

_____

_____

( ) Career Staff ( ) Volunteer ( ) Civilian

Location of Accident / Incident: _____

Hours worked prior to this Accident / Injury: _____

Hours lost as a result: _____

Was appropriate protective clothing being worn? ( ) Yes ( ) No

Weather at the time of the Accident / Incident:

( ) Daylight ( ) Clear ( ) Raining ( ) Dusk ( ) Overcast ( ) Snowing
( ) Dark ( ) Foggy Winds _____

Witness(s) to the Accident / Incident: (Name)

_____

_____

_____

Describe the accident / Incident in detail including nature of injuries and /or damages:

_____

_____

_____

How could this have been prevented?

_____

_____

_____

Name: _____ Signature: _____ Date: _____

Safety Committee Use Only

Date of Safety Committee Review: _____

Safety Committee Determination of Cause: _____

Safety Committee recommendations of action to be taken in order to prevent similar accidents / incidents in the future:

Further Recommendations:

Signature: _____ Date: _____

NOTE:
Please draw any representation of the incident scene that could aid the Safety Committee below:

N
W + E
S