Grant County Fire District #3
Accident / Incident Report

Report Date: _____

Accident / Incident Date: _____
Accident / Incident Time: _____

Accident / Incident Category:

( ) Minor Injury

( ) Serious Injury

( ) Critical Injury

( ) Fatality

( ) Property Damage

( ) Vehicle Damage – Vehicle # _____

( ) Equipment Damage

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

Other Involved persons: _____ 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 to the Accident / Incident: (Name) _____

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

_____

_____

_____

_____

How could this have been prevented?

_____

_____

_____

Print
Name: _____ Signature: _____ Date: _____

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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