



NORTH WHATCOM FIRE AND RESCUE

SEMPER PARATUS

Vehicle Accident Report

Today's Date: _____
Driver Name: _____ Employee ID #: _____
Vehicle ID: _____ Vehicle Type: _____
Accident Date: _____ Accident Time: _____
Accident Location: _____
Accident Description: _____

ROAD CONDITIONS (Check all that apply):

Straight Curve Intersection
 Grade Level Hillcrest
 Dry Wet Snowy Other: _____

WEATHER (Check all that apply):

Clear Rain Snow Sleet Fog Other: _____

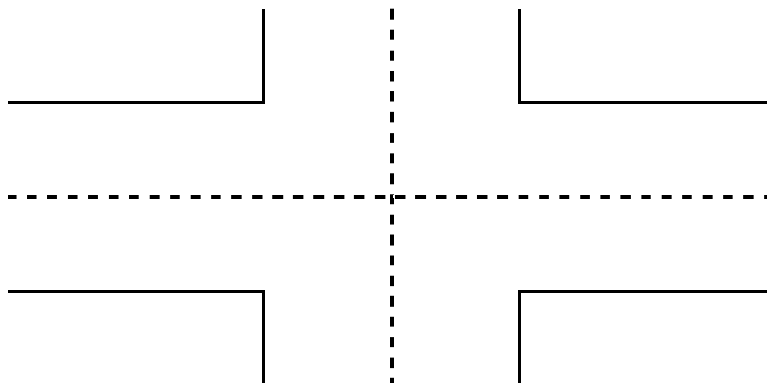
TYPE OF LOSS (Check all that apply):

Personal Injury Property Damage Vehicle Damage

ACCIDENT OCCURRED (Check one):

At Station Responding to Emergency At Emergency Scene
 Returning from Emergency Training Convention or Parade
 Other: _____

SCENE DIAGRAM



DAMAGE TO OTHER VEHICLE #1

Owner: _____ Phone: _____
Address: _____
Vehicle License #: _____ State: _____
Vehicle Make and Model: _____ Year: _____
Driver: _____ Phone: _____
Address: _____
Insurance Company: _____ Policy Number: _____
Description of Damage: _____

DAMAGE TO OTHER VEHICLE #2

Owner: _____ Phone: _____
Address: _____
Vehicle License #: _____ State: _____
Vehicle Make and Model: _____ Year: _____
Driver: _____ Phone: _____
Address: _____
Insurance Company: _____ Policy Number: _____
Description of Damage: _____

DAMAGE TO OTHER PROPERTY

COMMENTS

Witness #1
Name: _____ Phone: _____ License #: _____
Address: _____

Witness #2
Name: _____ Phone: _____ License #: _____
Address: _____

Signature of Driver/Operator: _____ Date: _____

Accident Review Board Analysis

1. Immediate Cause: (To be completed by Accident Review Board)

Policy (Did the presence or absence of adequate policy contribute to this accident/incident, or did it prevent greater harm?)

Training (Was training adequate to minimize the harm from such an accident/incident, or did the inadequacy of training contribute? Did the member participate in the training and perform adequately?)

Equipment (Did the mechanical state of the equipment/apparatus contribute to the accident/incident or prevent greater harm? Is the inspection and maintenance of this equipment/apparatus adequately documented to demonstrate adequate care?)

Supervision (Was the member adequately supervised to prevent greater harm, or should there have been a higher level of supervision?)

Behavior (Did the member behave/perform to the level trained to and held responsible for within the policies of NWFRS? Did the member behave/perform in a thoughtful and responsible manner?)

2. **Fundamental Cause:** (To be completed by Safety Committee)

What are the basic reasons for the existence of these acts and/or conditions?

3. **Recommendations:** (To be completed by Safety Committee)

What actions should be taken to prevent a recurrence of the accident?

4. **Safety Officer's Comments:**

Signatures:

Member Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Accident Review Board: _____ Date: _____

Safety Committee: _____ Date: _____

Safety Supervisor Signature: _____ Date: _____