ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

ACCIDENT / INCIDENT REPORT

Complete and submit to the Safety Officer as soon as practical, preferably within 24 hours. Use this form for department accidents/incidents involving injury, vehicle/apparatus collision, equipment or property damage, or a significant near miss.

1. INCIDENT CLASSIFICATION

☐ Vehicle / Apparatus Collision ☐ Member Injury / Illness ☐ Citizen / Other Person Injury
☐ APSTVFD Equipment Damage ☐ Private / Public Property Damage ☐ Near Miss
☐ Other: _____

2. INCIDENT INFORMATION

Date _____ **Time** _____ **Incident / CAD #** _____

Location _____ **Officer in Charge** _____

Activity at time of event:

☐ Emergency Response ☐ Training ☐ Station / Work Detail
☐ Maintenance / Inspection ☐ Public Event ☐ Other: _____

3. MEMBER / PERSON INVOLVED

Name _____ **Rank / Role** _____

Assignment / Unit _____ **Member / Citizen / Other** _____

Driver License Type (if applicable) _____ **Driver / Operator Qualification** _____

4. APSTVFD VEHICLE / APPARATUS / EQUIPMENT

Unit / Vehicle # _____ **Tag #** _____ **Year / Make / Model** _____

Area(s) damaged - check all that apply:

☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side
☐ Windshield / Glass ☐ Tires / Wheels ☐ Undercarriage ☐ Roof / Body
☐ Compartment / Equipment ☐ Trailer ☐ Other: _____

Describe department vehicle/equipment damage:

5. OTHER VEHICLE / PRIVATE OR PUBLIC PROPERTY

Owner / Driver _____ **Phone** _____

Address _____ **Vehicle / Property** _____

Year / Make / Model _____ **Tag / Property ID** _____

Type and extent of damage:

6. LAW ENFORCEMENT / DOCUMENTATION

Investigating Agency _____ **Officer** _____ **Case #** _____

☐ Photographs Taken ☐ Exchange of Information Attached
☐ Citation / Written Finding Issued ☐ No Law Enforcement Response

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ACCIDENT / INCIDENT REPORT - CONTINUED

7. INJURY / ILLNESS INFORMATION

Injured Person _____ **Member / Citizen / Other** _____

Nature / extent of injury or illness:

☐ First Aid Provided ☐ EMS Evaluated ☐ Transported

☐ Refused Evaluation / Transport ☐ No Treatment Required

EMS Agency / Unit _____ **Hospital / Facility (if known)** _____

8. WITNESS INFORMATION

Witness Name _____ **Phone / Contact** _____

Witness Name _____ **Phone / Contact** _____

9. MEMBER NARRATIVE

Describe what occurred in detail. Include where, how, and why the event occurred; actions taken before and during the event; steps taken to avoid the event; equipment or environmental conditions; and any other relevant circumstances. Attach additional pages if needed.

Person Completing Report:

_____ Date: _____

10. DIAGRAM / SKETCH

For vehicle/apparatus accidents, show roadway, direction of travel, vehicle positions, fixed objects, and point(s) of impact when useful.

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ACCIDENT / INCIDENT REVIEW

11. OFFICER / SAFETY OFFICER REVIEW

Apparent cause / initial findings:

Contributing factors - check all that apply:

- ☐ Policy / Procedure
- ☐ Training / Experience
- ☐ Human Factors
- ☐ Communication
- ☐ Weather / Visibility
- ☐ Road / Ground Surface
- ☐ Equipment / Mechanical
- ☐ PPE
- ☐ Staffing / Supervision
- ☐ Scene / Environmental Hazard
- ☐ Other: _____

Immediate actions taken to protect personnel or the public:

Recommended corrective action(s):

- ☐ No Further Action
- ☐ Training / Coaching
- ☐ Equipment Repair / Replacement
- ☐ SOP / SOG Review
- ☐ Safety Bulletin / Member Notification
- ☐ Further Investigation
- ☐ Safety Committee Review
- ☐ Other: _____

12. SAFETY COMMITTEE REVIEW - IF APPLICABLE

- ☐ Reviewed - Concurs with Corrective Action
- ☐ Reviewed - Additional Recommendation(s)
- ☐ Not Referred / Not Applicable

Comments / recommendations:

13. FINAL ACTION / DISPOSITION

Final action, policy/procedure change, equipment action, training action, or other disposition:

Safety Officer:
_____ Date: _____

Fire Chief / Designee:
_____ Date: _____

Recordkeeping: Maintain the completed report and associated photographs, statements, law-enforcement documents, and corrective-action records in accordance with APSTVFD records and Safety & Health procedures. Medical information, when applicable, should be maintained with appropriate confidentiality.