



Yakima County Fire District # 5 Vehicle Accident

(Employee complete front – Staff contacted fill out back)

Name of employee: _____ District ID # _____ Today's Date: _____

Did this occur on a public road: **Yes** **No** Law Enforcement notified? **Yes** **No** Date of Incident: _____

Incident location: _____ Time of incident: _____

What district unit was involved: _____ Were pictures taken? _____ If yes, were they attached? _____

Were there any witness's? _____ If yes, who: _____

Describe weather conditions at time of incident if applicable: _____

Did you notify a district staff member? _____ If yes, who? _____

Was the duty mechanic notified? _____ Is unit out of service? _____

Did this occur on a: **Emergency call** **Returning from a call** **Training** Did this occur: **On flat ground** **Off Road**

If on an emergency call, what stage of the incident where you: **Still fighting active fire** **Mop up** **Enroute**

Describe incident in detail (If more paper needed, please attach) _____

Describe conditions that might have contributed to accident: _____

Have you been involved in a similar incident before, if yes please describe: _____

Do you believe that this incident or damaged equipment was: **Avoidable** **Un-Avoidable**

Recommendations to prevent a similar accident in the future: _____

Please draw accident to the best of your ability

Employee Signature: _____ Date: _____

(Staff Contacted fills this section out)

Name: _____ District ID# _____ Today's Date: _____

Did this incident require first aid: _____ If yes, did injury paperwork get filled out: _____

Were pictures taken, if yes did they get attached to paperwork? _____

Was a police report made? **Yes** **No** If yes, case number: _____

Do you believe that the district member was operating in scope of their training? _____

Estimated cost to fix the district piece of equipment? _____ Did employee require drug test? _____

Do you believe incident was: **Avoidable** **Un-Avoidable**

What do you believe the cause of the accident was? _____

Recommendations to prevent further accidents: _____

Employee Signature: _____ Date: _____

Safety Committee Report

Findings: _____

Date: _____

Recommended corrective action: _____

Chief Officer Comments

180: _____ 181: _____ 182: _____ 183: _____ 186: _____

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____