

Township Fire Department

Accident Report

Case # _____

Accident

Near Miss

Route:

Chief

Chief Training Officer

Health & Safety Committee

Battalion Chief

Date Accident Occurred

Time

Station #

Were there personal injuries: Yes No (If yes, complete Personal Injury Report)

Witness/Witnesses:

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Address of Accident:

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Fire Department Vehicles Involved:

Personal Vehicles Involved:

Describe How Accident Occurred: (include sketch/diagram below if appropriate)

Describe Vehicle Damage:

(Include Photos)

