

BOARD OF FIRE COMMISSIONERS

DISTRICT No. 3

SAFETY OFFICER ANALYSIS:

WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT? (IMMEDIATE CAUSE)

EMERGENCY VEHICLE IDENTIFICATION NUMBER

DATE REPORTED \_\_\_\_\_ TIME \_\_\_\_\_

WHAT ARE THE BASIC OR FUNDAMENTAL REASONS FOR THE EXISTENCE OF THESE ACTS AND/OR CONDITIONS? (FUNDAMENTAL CAUSE)

NAME OF DRIVER \_\_\_\_\_ VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

TYPE OF EMERGENCY SERVICE VEHICLE \_\_\_\_\_

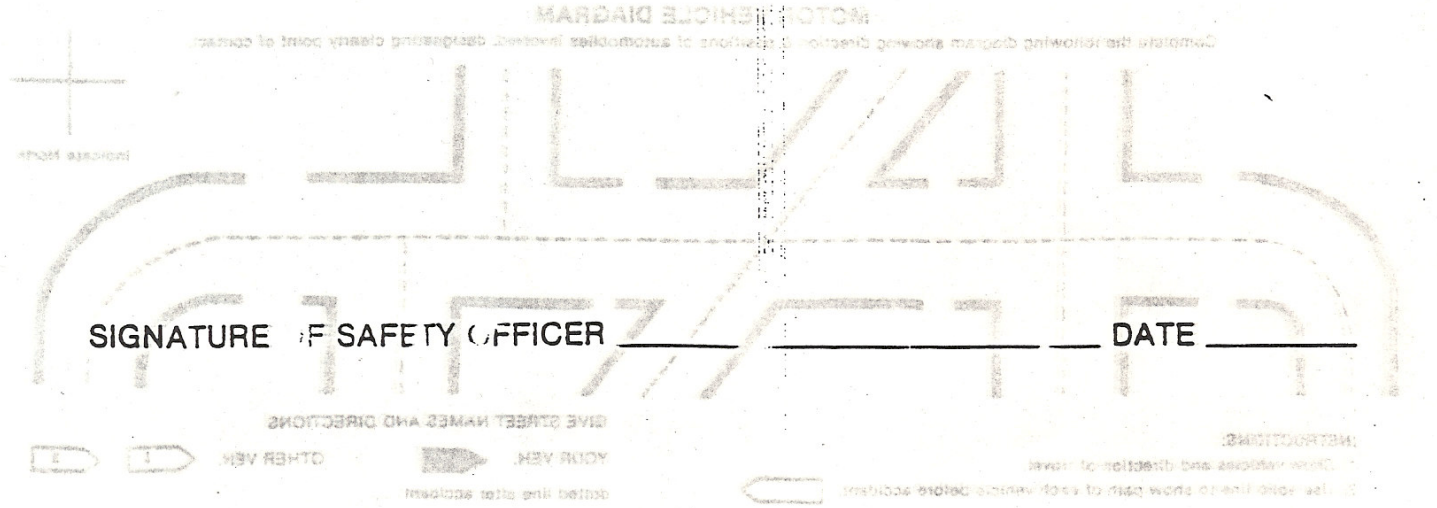
DATE OF ACCIDENT \_\_\_\_\_ LOCATION OF ACCIDENT \_\_\_\_\_

WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? PLACE "X" BY ITEMS COMPLETED

<input type="checkbox"/> At station	<input type="checkbox"/> Responding to emergency	<input type="checkbox"/> Retaining from emergency	<input type="checkbox"/> Training	<input type="checkbox"/> Other
<input type="checkbox"/> Personal injury	<input type="checkbox"/> Property damage	<input type="checkbox"/> Clear	<input type="checkbox"/> Snow	<input type="checkbox"/> Other

DESCRIPTION OF ACCIDENT

SAFETY OFFICER COMMENTS



SIGNATURE OF SAFETY OFFICER \_\_\_\_\_ DATE \_\_\_\_\_