

BOARD OF FIRE COMMISSIONERS

DISTRICT No. 3

FLOW BOX 639 JACKSON, NEW JERSEY 08527

EMERGENCY VEHICLE ACCIDENT/LOSS INVESTIGATION REPORT

FIRE DEPARTMENT _____ DATE _____

ADDRESS _____

NAME OF DRIVER _____ VEHICLE IDENTIFICATION NUMBER _____

TYPE OF EMERGENCY SERVICE VEHICLE _____

DATE DRIVER LAST CERTIFIED ON ABOVE VEHICLE _____

DATE OF ACCIDENT _____ TIME _____ DATE REPORTED _____

LOCATION OF ACCIDENT _____

ROADWAY:

- Straight
- Curve
- On grade
- Level
- Hillcrest
- Dry
- Wet
- Muddy
- Snowy
- Icy
- Oily
- 2-lane
- 3-lane
- 4-lane
- Divided
- Rural
- (Other) _____
- Lanes marked
- Lanes unmarked
- No road defects
- Holes, ruts, etc.
- Loose material
- (Other) _____

ACCIDENT OCCURRED:

- At station
- Responding to emergency
- At emergency scene
- Returning from emergency
- Training
- Convention or parade
- (Other) _____

TYPE OF LOSS

- Personal injury
- Property damage

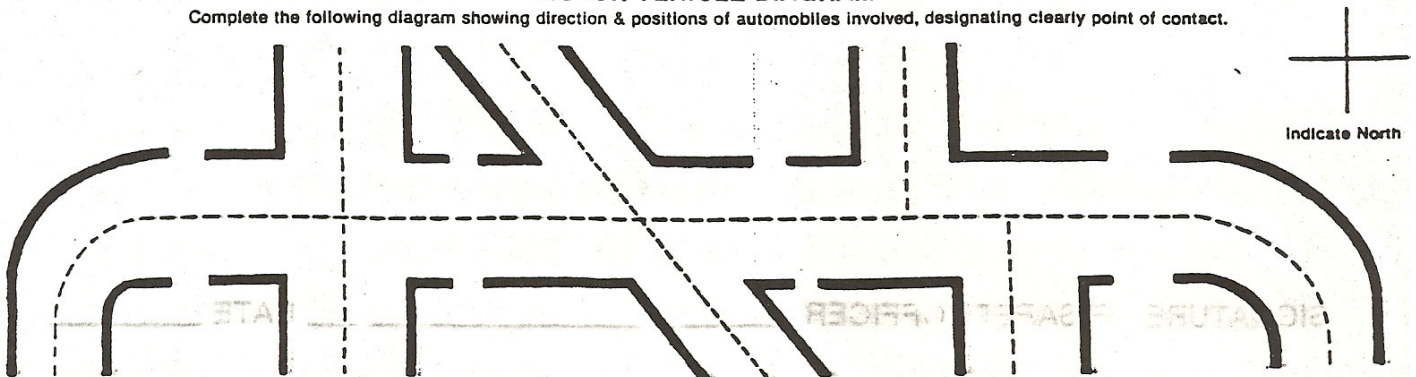
WEATHER

- Clear
- Rain
- Snow
- Sleet
- Fog
- (Other) _____

DESCRIPTION OF ACCIDENT _____

MOTOR VEHICLE DIAGRAM

Complete the following diagram showing direction & positions of automobiles involved, designating clearly point of contact.



INSTRUCTIONS:

1. Show vehicles and direction of travel.
2. Use solid line to show path of each vehicle before accident.

GIVE STREET NAMES AND DIRECTIONS

YOUR VEH. OTHER VEH.

dotted line after accident ...