



Wintergreen Fire and Rescue

Vehicle Incident Report

The following report should be completed by department personnel in the event that department owned property should be damaged in any way regardless of fault. **The driver of the apparatus is responsible for completing this document** if the damage occurs while in operation. If not, the senior crew member is responsible for the documentation. Report should be completed and forwarded to the Chief within 24 hours of the incident.

Date of Incident: ____ / ____ / ____ Time of Incident: _____

Location of Incident: _____

Unit Number: _____ Approximate MPH at the time of incident: _____

Type of Incident: (circle)

Single vehicle (vehicle vs. _____)
Multiple vehicles (# of vehicles _____)
Entrapment
Overturned

Status of Vehicle (Circle)

Responding (emergency / non-emergency)
Transport (emergency / non-emergency)
Public Service
Other: _____

Weather conditions: _____

List any mechanical problems which may have been the proximate cause of the incident:

Were seatbelts worn by all personnel on unit? If not, why not? _____

List the following information for any department personnel or ride-a-longs.

Driver: Name: _____ S.S. # _____ - _____ - _____

AIC / Officer: Name: _____ S.S. # _____ - _____ - _____

Additional Personnel

Name: _____ S.S. # _____ - _____ - _____

Name: _____ S.S. # _____ - _____ - _____

Name: _____ S.S. # _____ - _____ - _____

(Continue on narrative page if additional space is needed)

Document the following information on any injuries to crew members that resulted from this incident:

Name: _____ Type of injury: _____

Transported / Not Transported Required Treatment / No Treatment

Name: _____ Type of injury: _____

Transported / Not Transported Required Treatment / No Treatment

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Transported / Not Transported Required Treatment / No Treatment

(Continue on narrative page if additional space is needed)

Patient's Name: _____ Age: _____ DOB: ____ / ____ / ____

Patient's Initial Chief Complaint: _____ PPCR #: _____

List any complaints / injuries secondary to the incident: _____

List any medical treatment required due to the incident: _____

Other Vehicle(s):

Identify color, make, model, year, and tag # of any other vehicle(s) involved:

Name of the other driver(s): _____

Name of passenger(s): _____

Other vehicle(s) Insurance Company: _____

List any injuries to driver / passengers of other vehicle(s): _____

Complete the following information on any witness(s) to the incident:

(Each witness should fill out the witness statement form)

Name: _____ Age: _____ DOB: ____ / ____ / ____

Address: _____

_____ Phone: (____) ____ - _____

Name: _____ Age: _____ DOB: ____ / ____ / ____

Address: _____

_____ Phone: (____) ____ - _____

Name: _____ Age: _____ DOB: ____ / ____ / ____

Address: _____

_____ Phone: (____) ____ - _____

Description of the events relating to the incident: _____

Draw a diagram of the scene placing your vehicle and other vehicles in the appropriate place. Feel free to use additional paper if needed.

Signature: _____

Date: ____ / ____ / _____

