**VOLUNTEER FIRE & RESCUE, WASHINGTON COUNTY, MD**

**VEHICLE INCIDENT/NEAR MISS REPORT FORM**

<table>
<thead>
<tr>
<th>Section 1: Authorized Operator and Incident Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRE &amp; RESCUE OPERATOR’S NAME:</td>
</tr>
<tr>
<td>CURRENT STREET (RESIDENCE) ADDRESS</td>
</tr>
<tr>
<td>CO #</td>
</tr>
<tr>
<td>DEPARTMENT TELEPHONE #:</td>
</tr>
<tr>
<td>CITY/STATE/COUNTY (if applicable) WHERE OCCURRED</td>
</tr>
<tr>
<td>DRIVER’S LICENSE NUMBER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2: Fire &amp; Rescue Vehicle Information (Vehicle #1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
</tr>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER (VIN)</td>
</tr>
<tr>
<td>DESCRIBE DAMAGE</td>
</tr>
<tr>
<td>REPAIR SHOP:</td>
</tr>
<tr>
<td>Vehicle towed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3: Other (Claimant) Vehicle Information (Vehicle #2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
</tr>
<tr>
<td>NAME OF VEHICLE OWNER</td>
</tr>
<tr>
<td>NAME OF DRIVER</td>
</tr>
<tr>
<td>DRIVER’S LICENSE NUMBER</td>
</tr>
<tr>
<td>DESCRIBE DAMAGE</td>
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<tr>
<td>REPAIR SHOP:</td>
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<td>Vehicle towed?</td>
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</tbody>
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<tr>
<th>Section 4: Authorized Operator’s Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your own words, please describe how the incident occurred. If necessary, attach an additional page.</td>
</tr>
</tbody>
</table>

Authorized Operator’s Signature: __________________________ Date: ___________
SECTION 5: OTHER NON-VEHICLE DAMAGE

WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED?  □
If so, please indicate what type of property was damaged:
Building  □  Fence  □  Guard rail  □  Other ________________________________

NAME OF OWNER  ADDRESS  CITY  PHONE

SECTION 6: INJURED PARTIES (LIST ALL INJURIES, IF ANY -- INCLUDING AUTHORIZED OPERATOR)

NAME (Attach additional sheets if necessary)  /ADDRESS  PHONE  INJURY  AGE  VEH 1  VEH 2  VEH 3  PED  OTH

HOME  WORK

NAME  ADDRESS  CITY  PHONE

SECTION 7: WITNESSES AND PERSONS WITH KNOWLEDGE OF LIABILITY OR DAMAGE FACTS

NAME (Attach additional sheets if necessary)  ADDRESS  CITY  PHONE

HOME  WORK

SECTION 8: INCIDENT TYPE AND AVOIDANCE ACTIONS

Check as many as apply:

TYPE:  Front to rear  Head-on  Parked car  Pedestrian  Backing  Pulling Out/In

Broadside  Sideswipe  Bike-car  Stationary object  Struck while Parked

Intersection  Lane Change  Road hazard  Struck animal  Theft/Vandalism

#1 YOUR VEHICLE  #2 OTHER PARTY (NAME)  #3 OTHER PARTY (NAME)

1. If pedestrian, where was he (crosswalk, etc.)
2. At what distance was danger first noticed?
3. Speeds at time danger was first noticed?
4. Speeds at time of incident?
5. What warning signals given?
6. Obstruction to vision (weather and other)?
7. Lights on? Wipers on? Windows fogged?
8. Had any party been drinking? Who?
9. What actions taken to avoid incident?

SECTION 9: INCIDENT DATA

LIGHT CONDITIONS  TRAFFIC CONTROL  TYPE OF ROAD  VEHICLE CONDITION  ROAD SURFACE  WEATHER

(check one)  (check one or more)  (check one or more)  (check one)  (check one)

1.  □ Daylight  □ Signals  □ One way  □ Defective brakes  □ Clear, cloudy and overcast

2.  □ Dawn  □ Stop sign  □ Two way  □ Defective headlights  □ Raining

3.  □ Dusk  □ Flashing red  □ Reversible road  □ Defective rear lights  □ Snowing

4.  □ Dark, street lights on  □ Interchange loop ramp  □ Alley/Parking lot  □ Tires worn  □ Snowing

5.  □ Dark, street lights off  □ Flashing amber  □ Alley/Parking lot  □ Alley/Parking lot  □ Other (specify)

6.  □ Dark, no street lights  □ RR signal  □ Alley/Parking lot  □ Punctured or blown tires  □ Other (specify)

7.  □ Other (specify)  □ Officer/flagman  □ Two way left turn lanes  □ Other (specify)  □ Other (specify)

□ 1 □ Separated  □ 2 □ Divided  □ 3 □ Undivided  □ 5 □ Other (specify)  □ 6 □ Other (specify)

NAME OF INVESTIGATING POLICE AGENCY

INVESTIGATING AGENCY REPORT NO.
GRID DIAGRAM FOR YOUR USE (Show your vehicle as #1)

Indicate points of compass: N, E, S, W

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.

IMPORTANT: If street or view was obstructed in any way, indicate where and how, also indicate any street, cars or tracks and traffic signal or signs. You may wish to draw a separate diagram on another piece of paper.

SECTION 10: SUPERVISOR’S INVESTIGATION

UNSAFE DRIVING ACT

<table>
<thead>
<tr>
<th>F&amp;R Clmt</th>
<th>No improper driving or parking</th>
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<tbody>
<tr>
<td>☐ ☐</td>
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</table>

Driving too fast – or too slow
Did not grant right of way
Followed too closely
Improper passing
On wrong side of road or land
Failed to give proper signal
Improper turn
Disregarded traffic signal or control
Improper starting from parked position
Improper backing maneuver
Other improper actions

F&R Clmt

Seat belts worn: Yes: ☐ ☐ No: ☐ ☐

NO UNSAFE DRIVING ACT

CAUSE OF UNSAFE DRIVING ACT

<table>
<thead>
<tr>
<th>F&amp;R Clmt</th>
<th>Driving under influence</th>
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Untrained or unskilled
Abstracted-distraught
Hurry or impatience
Aggressive driving/irritated driving
Fatigue – long driving. Lack of sleep
Other causes: _____________________________

F&R Clmt

No unsafe driving act

What action has or will be taken to prevent recurrence: (Attach separate sheet if more space is needed):

Did your investigation find any discrepancy between the Authorized Operator’s statement and actual event? ☐ YES ☐ NO
If “Yes”, please provide details.

Supervisor’s Signature

Title

Date

Supervisor’s Printed Name

Department

Authorized Operator’s Signature

Date