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Copy and paste this form into Word. When finished filling out print and fax to Kelly Stauff and ShenValley Insurance at 540-477-2516

Accident Verification Report Form

This form shall be submitted to the insurance agent & safety committee in the event of any accident that damages equipment, vehicles, private property & or results in personal injury while engaged in departmental activities.

1. Accident Details:

Date: _____

Time: _____

Person's/Equipment involved: _____

Location of Incident: _____

Site of Injury: _____

Result of Accident: _____

Witness: _____

Other Parties Involved: _____

Other information: _____

Description of Accident: _____

If MVA Draw detailed diagram on back

2. Preventability of the accident:

Was the accident Preventable or Not preventable?

State Reasons why: _____

3. Corrective Action

How will you prevent a similar accident from occurring in the future?

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Print Name: _____ **Date:** _____

Signature: _____

Signature of Chief Officer: _____

AIC/OIC in Charge: _____

Date: _____

If more room is required to answer any of these questions, please use the back of this form.