

DESCRIPTION OF CONDITIONS: List street name, weather conditions, ground conditions, etc.

CAUSE OF INCIDENT: List the factors that you believe contributed to this incident

PREVENTION: What actions, if any, can be taken now to prevent a recurrence?

Witness Name:..... **Telephone:**.....

Witness Name:..... **Telephone:**.....

Sketch, if necessary:

SECTION 2:

SUPERVISOR OR DEPARTMENT HEAD REVIEW, RECOMMENDATION AND FOLLOW-UP ON CORRECTIVE ACTION:

Person responsible for corrective action (if applicable):.....

Corrective Action Target Date:.....

Supervisor Signature:..... **Print:**..... **Date:**.....

Captain Signature:..... **Print:**..... **Date:**.....

Department Head Signature:..... **Print:**..... **Date:**.....

Date Incident Reported:..... **Date Report Completed:**.....

Note: If information is unknown at the date of this report, you are encouraged to complete an addendum or submit an additional report when additional details are known.