



# INCIDENT REPORT

Rev. 2  
8-1-2011

**CONFIDENTIAL - FOR USE BY FRRS ONLY**

DATE OF INCIDENT:	TIME OF INCIDENT (24 HR CLOCK): HRS _____	LOCATION OF INCIDENT: STREET/HWY/MILEPOST: _____ CITY: _____			
SUPERVISOR NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name: _____	NAME OF PERSON PROVIDING INFORMATION	CHECK APPROPRIATE ITEMS: <input type="checkbox"/> WITNESS <input type="checkbox"/> SKETCH(ES) PREPARED <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> DATA SHEET(S) PREPARED		ANY OTHER RELATED REPORTS OR DOCUMENTATION (SPECIFY):
JOB IN PROGRESS:	CROSS-REFERENCE INCIDENT REPORT # _____	NUMBER : _____ INJURIES _____ FATALITIES	PROPERTY DAMAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS A CONTRACTOR INVOLVED IN THIS INCIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS A VISITOR INVOLVED <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCOMOTIVE NUMBER:	CAR NUMBER	INDICATE FIRE SUPPRESSION UNIT RESPONDING: <input type="checkbox"/> USFS: <input type="checkbox"/> C.D.F. <input type="checkbox"/> OTHER (SPECIFY)			

DESCRIBE INCIDENT (continue on back if necessary):

CHECK  if continued on back

### VEHICLE(S) INVOLVED IN INCIDENT (use additional sheets if necessary)

VEHICLE NO. 1 LICENSE NUMBER: STATE:	DESCRIBE VEHICLE: Year _____ Make _____ Color _____ Type _____	VEHICLE OWNER: <input type="checkbox"/> FRRS VEHICLE: ENTER VEHICLE # _____ NO. OF SEAT BELTS _____ NO. IN USE _____ <input type="checkbox"/> 3 <sup>RD</sup> PARTY VEHICLE <input type="checkbox"/> RENTED AUTO <input type="checkbox"/> EMPLOYEE-OWNED VEHICLE USED ON FRRS BUSINESS INSURANCE INFORMATION:
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IF VEHICLE, FUELED BY: <input type="checkbox"/> GASOLINE/DIESEL <input type="checkbox"/> PROPANE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER	INDICATE DIRECTION OF TRAVEL & SPEED: _____ CHECK IF STOPPED <input type="checkbox"/> NAME OF STREET OR HIGHWAY _____ (M.P.H.)	DESCRIBE DAMAGE TO VEHICLE :
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VEHICLE NO. 2 LICENSE NUMBER: STATE:	DESCRIBE VEHICLE: Year _____ Make _____ Color _____ Type _____	VEHICLE OWNER: <input type="checkbox"/> FRRS VEHICLE: ENTER VEHICLE # _____ NO. OF SEAT BELTS _____ NO. IN USE _____ <input type="checkbox"/> 3 <sup>RD</sup> PARTY VEHICLE <input type="checkbox"/> PG&E RENTED AUTO <input type="checkbox"/> EMPLOYEE-OWNED VEHICLE USED ON FRRS BUSINESS INSURANCE INFORMATION:
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IF VEHICLE, FUELED BY: <input type="checkbox"/> GASOLINE/DIESEL <input type="checkbox"/> PROPANE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER	INDICATE DIRECTION OF TRAVEL & SPEED: _____ CHECK IF STOPPED <input type="checkbox"/> NAME OF STREET OR HIGHWAY _____ (M.P.H.)	DESCRIBE DAMAGE TO VEHICLE :
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### PERSON(S) INVOLVED IN INCIDENT (use additional sheets if necessary)

NAME	COMPLETE ADDRESS	TELEPHONE	AGE	CIRCLE ALL THAT APPLY
(A)		HOME: ( ) WORK: ( )		DRIVER    EMPLOYEE    INJURY PASSENGER    THIRD PARTY    FATALITY WITNESS
IF AUTO-RELATED, VEHICLE # _____				
(B)		HOME: ( ) WORK: ( )		DRIVER    EMPLOYEE    INJURY PASSENGER    THIRD PARTY    FATALITY WITNESS
IF AUTO-RELATED, VEHICLE # _____				
(C)		HOME: ( ) WORK: ( )		DRIVER    EMPLOYEE    INJURY PASSENGER    THIRD PARTY    FATALITY WITNESS
IF AUTO-RELATED, VEHICLE # _____				

### NON-VEHICLE THIRD PARTY PROPERTY DAMAGE (list additional parties on back if necessary)

PROPERTY OWNER'S NAME	COMPLETE ADDRESS	TELEPHONE	DESCRIBE DAMAGE
		HOME: ( ) WORK: ( )	
If owner is listed above, circle if person A B C			
		HOME: ( ) WORK: ( )	
If owner is listed above, circle if person A B C			

Person completing this form: \_\_\_\_\_ Date and Time: \_\_\_\_\_  
Name: \_\_\_\_\_

**DAMAGE TO FRRS FACILITIES**

USE REVERSE SIDE FOR MORE INFORMATION