



SNOHOMISH COUNTY FIRE DISTRICT 26  
"VOLUNTEERING TO MAKE A DIFFERENCE"



## Accident Report Form Non Injury

Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_

Exact Time of incident: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Location where accident occurred: \_\_\_\_\_

Name of person to whom this accident was reported: \_\_\_\_\_

Time reported: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name(s) of witnesses: \_\_\_\_\_

Estimated damage: Fire Department Property: \$ \_\_\_\_\_ Personal Property: \$ \_\_\_\_\_

Summarize what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What could have been done to avoid this incident?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firefighter's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

### NOTICE:

**This form is to be returned to the Safety Officer within 48 hours of the Incident.**

Signature of person receiving report: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Incident Command Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Safety Officer Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_