

NIXA FIRE PROTECTION DISTRICT

Adopted/Revised
12/12/02

Policy #
815

Title
Exhibits

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815.1 EXHIBIT 3 – VEHICLE ACCIDENT

NAME _____ DATE _____

INCIDENT # _____ TIME OF ACCIDENT _____

LOCATION OF ACCIDENT _____

RESPONSE MODE _____

ROADWAY CONDITIONS: ___ STRAIGHT, ___ CURVED, ___ LEVEL, ___ HILL,
___ DRY, ___ WET, ___ MUDDY, ___ SNOWY, ___ ICY, ___ OILY

ACCIDENT OCCURRED: ___ STATION, ___ ON SCENE, ___ RESPONDING,
___ RETURNING TO QUARTERS, ___ DRIVER TRAINING, ___ OTHER

Was your line of vision impaired?

Were you performing another function while driving? Explain

Did you attempt to avoid a road hazard?

Did the accident occur at an intersection?

How many times or hours have you operated the vehicle before?

Have many hours of training have your received for the vehicle?

Was the vehicle examined prior to operation for obvious problems?

Was the road familiar to you?

Did all motorist yield to your response?

Do you feel that mechanical failure contributed to the accident? Explain

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815.1 EXHIBIT 4 – SCENE SKETCH

NAME _____ DATE _____

INCIDENT # _____ TIME OF ACCIDENT _____

LOCATION OF ACCIDENT _____

NOT TO SCALE

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