Duty Officer Accident Assessment Form

CARS VEHICLE

CARS Unit #: ____________________________

Driver: ___________________ AIC: ___________________

Crew Member #3: ___________________ Crew Member #4: ___________________

Damage Noted to CARS Vehicle: ________________________________________________
___________________________________________________________________________

SCENE ASSESSMENT

Location: _____________________________________________________________________

Weather/Road Conditions: _____________________________________________________

Cause of Accident (unsafe act, unsafe conditions, etc.) __________________________
___________________________________________________________________________

What Could Have Been Done to Prevent This Accident?: __________________________
___________________________________________________________________________

Recommended Driving Behavior Changes for the Driver: __________________________
___________________________________________________________________________

Recommended Agency-Wide Changes: __________________________________________
___________________________________________________________________________

Supervisor Signature: ___________________________ Date: ________________________

Safety Committee Ruling: _____________________________________________________

Last Modified: January 1st, 2009