



Incident Management Procedures

6.04.03 Vehicle Accident Checklist (Computer)

(1) Information on Crew

District/Team/Zone:

Brigade:

Crew Strength:

CREW DETAILS

	Rank	First Name	Last Name	Age	Injured	Wearing Seatbelt
OIC:						
Driver:						
Crew Member 1:						
Crew Member 2:						
Crew Member 3:						
Crew Member 4:						
Crew Member 5:						

If yes to injury, please also complete and attach to this checklist, the relevant Notification of Injury/Fatality form and send to State Operations. Forms are available from the Incident Management Procedures, procedure 6.04.01 or 6.04.02.

Were any volunteers transported to hospital?

If yes, how many?

If yes, has a responsible RFS Officer been dispatched to monitor their welfare?

Does the driver hold an appropriate licence?

(2) Details of Incident that required Brigade attendance

Time of Call:

Out of Station Time:

RFS District

Fire District

Incident Address:

Details of Incident:

Was the Brigade advised to Respond or Proceed only?

In attending the incident the Brigade use:

Lights only

Sirens only

Both

(3) Details of Motor Vehicle Accident

Date of Accident:

Time of Accident:

Approximate speed of Brigade vehicle:

Address of accident:

What were the weather conditions at the time of the accident?

What were the road conditions at the time of the accident?

How did the accident occur?

Were there any road closures or blockages as a result of the accident?

If yes, specify the name and direction of roads affected:

