



Mohawk Valley Fire District

92068 Marcola Road – P.O. Box 718 Marcola, Oregon 97454 (541) 933-2907



ACCIDENT / NEAR MISS REPORT FOR PERSONNEL AND EQUIPMENT

Report Date: _____ Date of Incident: _____ Time of Incident: _____

Name(s) of Personnel Involved: _____

Name(s) of any Witnesses: _____

Apparatus or Equipment Involved: _____

Location of Incident: _____

Description of Incident: _____

Description of Damage to Apparatus or Equipment: _____

Were there injuries: Yes No Was Medical Treatment obtained: Yes No

Were pictures taken Yes No If yes who received pictures: _____

Personnel Notified of Incident: _____

Date of Notification: _____ Time of Notification: _____

Actions taken / Suggested for Prevention: _____

Signature of personnel reporting: _____

Office Use Only:

Date Received: _____

Received By: _____