

# Jackson Hole Fire/EMS

## Accident / INCIDENT REPORT

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Report Date: \_\_\_\_\_ Time: \_\_\_\_\_  Incident  Accident

Location: \_\_\_\_\_

Apparatus Involved:  MS Unit #: \_\_\_\_\_  Fire Unit #: \_\_\_\_\_  Other: \_\_\_\_\_

Personnel Involved: Senior Officer: \_\_\_\_\_ Crew: \_\_\_\_\_

Crew: \_\_\_\_\_ Other: \_\_\_\_\_

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### INCIDENT OCCURRED/DISCOVERED

Responding to  On-Scene  Returning From  Shift Inspection

Other (Describe): \_\_\_\_\_

### CONDITIONS CONTRIBUTING TO THE INCIDENT

Describe: \_\_\_\_\_

\_\_\_\_\_

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Description of the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Type and extent of any injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type and extent of any equipment/apparatus damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Direct supervisor contacted  Chief and/or Deputy Chief contacted  Law Enforcement contacted

Worker's Comp form completed  Infection control form completed  Policy followed

Member making report: \_\_\_\_\_

Signature: \_\_\_\_\_