



## Accident Checklist

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**Date:**

**Time:**

**Name of Caller:**

**Caller's Phone Number:**

**Dealership/Agency:**

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**Incident Details:**

**Date:**

**Time:**

**Location:**

**Fire Department:**

**Fire Department Contact:**

**Contact's Phone Number:**

**Truck Job #:**

**Type of Truck and Equipment:**

**Description of Incident (what happened?):**

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**Injuries/Fatalities:**

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**Send copies to Oshkosh Legal Department (Fax: (920) 233.9231)**

**Reference "Serious Accident Contact Network" work instruction CSW006 if necessary.  
Begin running tabulation of events and get copies of accident/incident reports.**