

**CITY OF ELK RIVER  
SAFETY COMMITTEE  
ACCIDENT REVIEW SUMMARY FORM**

<b>NAME</b> (this will <b>not</b> be given to Safety Committee):	<b>DEPARTMENT:</b> Fire
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**ACCIDENT INFORMATION**

<b>DATE (OF ACCIDENT):</b> 8/28/15	<b>TIME:</b> 1:00 a.m.
<b>LOCATION:</b> 11055 187 <sup>th</sup> Ave NW – Fire Scene	<b>TYPE OF VEHICLE (IF INVOLVED):</b>
<b>INJURY? (YES OR NO)</b> Yes	<b>WORK COMP CLAIM FILED? (YES OR NO)</b> Yes
<b>PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE)</b> No	
<b>NATURE OF ACCIDENT (be specific, include work activity at time of accident):</b> Employee was working fire scene, kicking open a door to a duplex. Reaggravated previous back injury.	
<b>ENVIRONMENTAL FACTORS:</b> None	
<b>UNSAFE CONDITIONS:</b> None	
<b>ACTION TAKEN:</b> None	

<b>SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee):</b> The Safety Committee did not have any recommendations. (September 23, 2015 meeting)
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