

Township Fire Department

Personal Injury Report

Case#

Injury

Near Miss

Route:

Chief

Chief Training Officer

Health and Safety Committee

Battalion Chief

Date Accident Occurred

Time

Station#

Person Injured

Home Phone#

Work Phone#

Home Address

Witness(es)

Place of Injury:

Fire Scene

Training

Meeting

Station Work

Other (explain)

Describe Injury/Illness

Describe How Injury Occurred

Describe Treatment Received at Scene

Name of Person(s) Administering Treatment

Transported to Hospital? Yes No Name of Hospital

What could be done to prevent a similar incident in the future?

Follow-up