PleaseNote:Thisreport isintendedtobe usedbyEmergencyServi ceOrganizations forinter naluseonly.Itisnotanacceptable VFISClaimsformandthereforeshouldnot besubmittedtoVFIS.

PersonalInjury/IllnessInvestigationReport

EmergencyServiceOrganization ______________________________ Date__________

Address____

NameofInjured ______________________________ DateofBirth __________

AddressofInjured ____

Phone() ______________ Age______ Sex______ Height______ Weight______

Occupation______________________________ JobTitle ______________

SocialSecurityNumber ______________________ YearswithDept. __________

DateofInjury ______________ TimeofInjury ______________

DateReported ______________ TimeReported ______________

AccidentReportedTo ______________________________

NatureofInjury

☐ Fractures
☐ Inflammation
☐ InfectiousDisease
☐ Frostbite,ColdExposure
☐ PinchedNerve,RupturedDisk
☐ ElectricShock
☐ ChemicalInjury
☐ MultipleInjury
☐ Recurrence
☐ Strain,Sprain,TornLigament
☐ Cuts,Lacerat ions,Punctures
☐ Inhalation,Fumes
☐ Inhalation,Smoke
☐ HeatExhaustion,Fatigue
☐ Abrasions,Contusions,Bruises
☐ HeartMalfunction
☐ EyeInjury
☐ Burns
☐ Other__________ __________________

PartsofBodyAffected

☐ MultipleParts
☐ Head
☐ Eye(s)
☐ Ear(s)
☐ Neck
☐ Shoulder
☐ Chest
☐ Lung
☐ Abdomen
☐ Back
☐ Heart
☐ Groin
☐ Arm
☐ Hand
☐ Finger
☐ Leg(s)
☐ Knee(s)
☐ Ankle(s)
☐ Foot/Feet
☐ Ribs
☐ Hip
☐ Other__________________________

WhereInjuryOccurred

☐ StationMaintenance
☐ ApparatusMaintenance
☐ EmergencyScene
☐ PrivateAutotoEmergency
☐ PrivateAutoNon -Emergency
☐ Fundraising
☐ Convention
☐ EmergencyVehicletoEmergency
☐ EmergencyVehicleNon -Emergency
☐ Parades,Picnics,Contests
☐ StandingByStationforCall
☐ Training
☐ AuxiliaryServices
☐ Responding/ReturningtoEmergency (Non -Vehicle)
☐ Other__________________________

CauseofInjury

☐ Fall
☐ Weather
☐ MakingSafetyDevicesInoperative
☐ UsingDefectiveEquipment
☐ UsingEquipmentImproperly
☐ FailuretoUsePersonalProtectionEquipment
☐ StruckByObject
☐ ImproperLifting
☐ Horseplay
☐ StructuralCollapse
☐ InadequateGuardsorProtection
☐ BackDraft
☐ ImproperPlacement
☐ CivilDisturbance
☐ InadequateIllumination
☐ Inadequate Ventilation
☐ LackofKnowledgeorSkill
☐ IrrationalCivilian
☐ Communication
☐ Abu seorMisuse
☐ Other ______________________

InjuryOccurred -PerformingWhatTask?

☐ ForcibleEntry
☐ UsingLadders
☐ Advancing/DirectingHoseLine
☐ Ventilating
☐ Overhauling
☐ Salvage
☐ Servicing/RepairingEquipment
☐ Extrication
☐ RescueOperation
☐ AdministeringMedicalAid
☐ PhysicalFitness
☐ Other__________________________

Witness(es)toInjury: ____

InjuredPerson'sSignature ______________________________ Date______________

InvestigationReport

Thoroughlydescribeaccident:(What,How,Where,Equipment,Act ivity,etc.) ______________________________

HospitalizedorTreated,Where?(IncludeAddress) ______________________________

NameandAddressofPhysician:(IncludeReferral) ______________________________

Didtheinjuryrequireindividualtoperformlimitedduties,ortobeassignedtootherdutiesorpositions? YESorNO Ifyes,what dutiesorposition? ______________________________

And,whatperiodoftime? ______________________________

Investigatedby ______________________________ Title ______________ Date __________

SafetyOfficer'sReport

WhatActs,FailurestoActand/orConditionsContributedMostDirectlytoThisAccident?(ImmediateCause)

WhatAretheBasicorF undamentalReasonsfortheExistenceofTheseActsand/orConditions?(FundamentalCause)

WhatActionHasorWillBeTakentoPreventRecurrence?Place"X"ByItemsCompleted.

ReviewedbySafetyOfficer ______________________________ Title ______________ Date __________