

Terrapin Valley County Fire and Rescue

Accident and Injury Report

General Information					
Report No.	Date of Injury	Date Reported	Time of Injury	Time Reported	
Name of Injured		Date of Birth	Fire Department ID#		
Address			Phone		
Job Title		Years w/ Dept.	Age	Sex	Height
					Weight

Injury Information
Nature of Injury (Type, Part of Body Affected)
Location and Activity Where Injury Occurred
Cause of Injury

Injury Results	
Hospitalized	Hospital/Clinic
Treated, not Admitted	
Treated on Scene	Physician/Referral
Other	
Limited Duty Assignments	
Length of Absence/Limited Duty Assignment _____	

Remediation / Preventing Future Incidents

Officer Signature and Comments	
Officer Signature:	
Officer Comments:	