

# 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    _	

Accident Description

Root Cause

Remediation / Preventing Future Incidents

Officer Signature and Comments
Officer Signature:
Officer Comments: