|  |  |
| --- | --- |
| **1.Details of Injured Person** |  |
| Incident Date:  | Incident Time: |
| Injured Person Full Name: |
| Address: |
| Phone Numbers: cell: | work: | home: |
| Male/Female:  | Date of Birth:  |

|  |
| --- |
| **2.Details of the Accident, Illness or Injury:** |
| Activity engaged in: |
|   |
| Location of the accident, illness or injury: |
|  |
| Describe what happened (please provide full details): |
|  |
|  |
|  |
|  |
| **3.Details of Witnesses:** |
| Name:  | Phone: cell: | work: |
| Address: |
| Name: | Phone: cell: | work: |
| Address: |
| **4.Details of the Incident:** |
| Injury type (e.g. strains - sprains – lacerations – cut – burns – exhaustion etc. ): |
|  |
| How (e.g. fall, slip-trip, etc.): |
|  |
| Location on the body (e.g. back - upper/lower extremity – head – hands – feet – whole body etc.): |
|  |
| What (e.g. fire hose – equipment – failure of or not worn PPE etc.): |
|  |
| **5.Treatment administered:** |
| On scene first aid :  YES  NO | Treat & release back to training:  YES  NO |
| First Aid administered by (name): |
| Treatment given: |
|  |
| Transported to the Hospital:  YES  NO  | Hospital/urgent care name: |
| Location: | ER:  YES  NO | Admitted:  YES  NO  UKN |
| Attending Physician: |

Submitted by (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As soon as possible after injury submit completed form to Academy IC or NIFCA Board member