|  |  |  |  |
| --- | --- | --- | --- |
| **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