



# PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



## PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES TRAINING CENTER ACCIDENT REPORT

Date of Report: \_\_\_\_\_ Fire Service Casualty Report Attached: \_\_\_\_\_

Name of Person Injured: \_\_\_\_\_

Home Address: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Type of Training: \_\_\_\_\_

Officer/Instructor in Charge: \_\_\_\_\_ Rank: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NATURE OF INJURY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Treatment Given:

Refused \_\_\_\_\_ On Scene \_\_\_\_\_ Transported to Hospital \_\_\_\_\_ Ambulance # \_\_\_\_\_

PCR # \_\_\_\_\_ EMT/Medic \_\_\_\_\_ Number \_\_\_\_\_

Protective Gear in use: Helmet \_\_\_\_\_ Bunker Coat \_\_\_\_\_ Bunker Pants \_\_\_\_\_  
Boots \_\_\_\_\_ Gloves \_\_\_\_\_ Face Shield \_\_\_\_\_ SCBA \_\_\_\_\_

**PUTNAM COUNTY  
BUREAU OF EMERGENCY SERVICES**

If protective gear not worn give reason: \_\_\_\_\_  
\_\_\_\_\_

Signature of Injured (if possible): \_\_\_\_\_

Reported by: _____ <small style="text-align: center;">Print Name</small>	Title/Rank: _____
Signature: _____	
Reviewed by Zone Coordinator _____ (if Department Training)	
Reviewed by Commissioner _____	
11/9/2012	