



SNOHOMISH COUNTY FIRE DISTRICT 26
"VOLUNTEERING TO MAKE A DIFFERENCE"



Accident Report Form Injury

Name: _____ Date: ___ / ___ / _____

Position: _____

Exact Time of incident: _____ Date: ___ / ___ / _____

Location where accident occurred: _____

Name of person to whom this accident was reported: _____

Time reported: _____ Date: ___ / ___ / _____

Name(s) of witnesses: _____

Estimated damage: Fire Department Property: \$ _____ Personal Property: \$ _____

Summarize what happened: _____

Explain in detail: What part of the body was injured, be specific: _____

Indicate if this was an original injury or a reinjury: _____

If reinjury, when and where was previous injury?: _____

Who was employer: _____ Claim number: _____

Whom did you see _____ Office/Hospital: _____

What could have been done to avoid this incident?: _____

Firefighter's Signature: _____ Date: ___ / ___ / _____

NOTICE:

This form is to be returned to the Safety Officer within 48 hours of the Incident.

Signature of person receiving report: _____ Date: ___ / ___ / _____

Incident Command Signature: _____ Date: ___ / ___ / _____

Safety Officer Signature: _____ Date: ___ / ___ / _____