



Virginia Department of Fire Programs Accident Report Form

This report must be submitted for each person requiring first aid or medical attention during any training activity conducted by the Virginia Department of Fire Programs. It must be completed by the instructors and forwarded to the Division Chief in the area in which the accident occurred within five (5) days of the accident. The Area Manager will conduct an investigation and forward findings to the Director of Training within five (5) days of receiving this form.

Should it appear that the injured will require hospital admission and/or loss from work, or the accident results in a suspected or known fatality, the instructor(s) will immediately contact a Virginia Department of Fire Programs Division Chief or the Director of Operations who will initiate a preliminary investigation. A detailed report will be prepared by the Division Chief, in cooperation with the instructor(s), and forwarded to the Director of Operations within five (5) days.

SCHOOL NUMBER: _____

1. Full name of the injured person: _____ SS No. _____

(First, Middle, Last)

2. Home address: _____

(Street, State, ZIP)

3. Telephone no: Home _____ Work _____

4. DOB _____ Age _____ Height _____ Weight _____

5. Fire Department Name: _____ FDID _____

6. Department Address: _____

(Street or P.O. Box, City, County, State, ZIP)

7. Date of Accident _____ Day of Week _____ Time of Day _____

8. Title of Training Course: _____

9. Location of Training : _____

10. Type/Extent of Injuries:

11. First aid/medical attention rendered:

12. Attending physician _____ Phone _____

(Name)

(Street or P.O. Box, City, County, State, ZIP)

Continued on back of this page

13. Hospital _____ Telephone _____

14. Instructor(s)

15. Witness(es)

16. Other pertinent factors (weather, etc.) _____

17. Describe how the incident occurred _____

18. VDFP Staff contacted _____ Date/Time contacted _____

19. Family notified: Contact _____ Where _____

By _____ Via _____ Date/Time _____

Report submitted by:

Name _____ Instructor Number _____

Address _____

Telephone Numbers _____

Date written report submitted _____

Action by Division Chief/VDFP Staff _____
