

# Broome County Office of Risk & Insurance Management

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## VOLUNTEER FIREFIGHTER ACCIDENT REPORT

Answer all questions fully. Attach additional sheets as needed.

Firefighter's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Approximate time: \_\_\_\_\_ Hour began work \_\_\_\_\_

Fire Department and Municipality: \_\_\_\_\_

Where did the accident happen? \_\_\_\_\_

What job duty were you performing when you were hurt? \_\_\_\_\_

Describe in detail how you were injured: \_\_\_\_\_

Body Part Injured (Specify Left or Right): \_\_\_\_\_

Type of Injury (i.e. bruise, cut, break, etc): \_\_\_\_\_

Please list witness's to the accident: \_\_\_\_\_

Were you wearing required Protective Equipment? (e.g. safety glasses, gloves, etc.)  Yes  No

Did you go to the Emergency Room?  Yes  No If yes, provide:

Hospital: \_\_\_\_\_ Were you hospitalized overnight?  Yes  No

Did you see another doctor?  Yes  No If yes, provide:

Physician name and address: \_\_\_\_\_

*It is a crime punishable as a Class A Misdemeanor under the laws of the State of New York for a person in and by a written instrument to knowingly make a false statement or to make a statement which such person does not believe to be true.*



\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date Completed**

### To be completed by Supervisor

Date Supervisor notified: \_\_\_\_\_ Supervisor's Name (print): \_\_\_\_\_

Was employee following proper procedure and wearing appropriate PPE?  Yes  No

If no, please explain: \_\_\_\_\_

I agree/disagree (circle one) with the employee's statement \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature and Date**