



# PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



## General Incident / Injury Report

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

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

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

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

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

Type of Event: Training: \_\_\_\_\_ Fire: \_\_\_\_\_ Hazmat: \_\_\_\_\_ Other: \_\_\_\_\_

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: \_\_\_\_\_

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Protective Gear in Use:

Boots: \_\_\_\_\_ Helmet: \_\_\_\_\_ Gloves: \_\_\_\_\_ Face Shield: \_\_\_\_\_

Bunker Coat: \_\_\_\_\_ Bunker Pants: \_\_\_\_\_ APR: \_\_\_\_\_

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

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

Reported by: _____ Title/Rank: _____
Reviewed by Zone Coordinator: _____ (if Department Training)
Reviewed by Commissioner: _____