



Please Note: This report is intended to be used by Emergency Service Organizations for internal use only. It is not an acceptable VFIS Claims form and therefore should not be submitted to VFIS.

Personal Injury/Illness Investigation Report

Emergency Service Organization _____ Date _____

Address _____

Name of Injured _____ Date of Birth _____

Address of Injured _____

Phone() _____ Age _____ Sex _____ Height _____ Weight _____

Occupation _____ Job Title _____

Social Security Number _____ Years with Dept. _____

Date of Injury _____ Time of Injury _____

Date Reported _____ Time Reported _____

Accident Reported To _____

Nature of Injury

- Fractures
- Inflammation
- Infectious Disease
- Frostbite, Cold Exposure
- Pinched Nerve, Ruptured Disk
- Electric Shock
- Chemical Injury
- Multiple Injury
- Recurrence
- Strain, Sprain, Torn Ligament
- Cuts, Lacerations, Punctures
- Inhalation, Fumes
- Inhalation, Smoke
- Heat Exhaustion, Fatigue
- Abrasions, Contusions, Bruises
- Heart Malfunction
- Eye Injury
- Burns
- Other _____

Parts of Body Affected

- Multiple Parts
- Head
- Eye(s)
- Ear(s)
- Neck
- Shoulder
- Chest
- Lung
- Abdomen
- Back
- Heart
- Groin
- Arm
- Hand
- Finger
- Leg(s)
- Knee(s)
- Ankle(s)
- Foot/Feet
- Ribs
- Hip
- Other _____

Where Injury Occurred

- Station Maintenance
- Apparatus Maintenance
- Emergency Scene
- Private Auto to Emergency
- Private Auto Non-Emergency
- Fundraising
- Convention
- Emergency Vehicle to Emergency
- Emergency Vehicle Non-Emergency
- Parades, Picnics, Contests
- Standing By Station for Call
- Training
- Auxiliary Services
- Responding/Returning to Emergency (Non-Vehicle)
- Other _____

Cause of Injury

- Fall
- Weather
- Making Safety Devices Inoperative
- Using Defective Equipment
- Using Equipment Improperly
- Failure to Use Personal Protection Equipment
- Struck By Object
- Improper Lifting
- Horseplay
- Structural Collapse
- Inadequate Guards or Protection
- Back Draft
- Improper Placement
- Civil Disturbance
- Inadequate Illumination
- Inadequate Ventilation
- Lack of Knowledge or Skill
- Irrational Civilian
- Communication
- Abuse or Misuse
- Other _____

Injury Occurred - Performing What Task?

- Forcible Entry
- Using Ladders
- Advancing/Directing Hose Line
- Ventilating
- Overhauling
- Salvage
- Servicing/Repairing Equipment
- Extrication
- Rescue Operation
- Administering Medical Aid
- Physical Fitness
- Other _____

Witness(es) to Injury: _____

Injured Person's Signature _____ Date _____

