

# **ACCIDENT REPORT FORM**

Note: This form is in addition to any Skills Center, high school, or fire department injury report that needs to be completed. This form should be sent to the fire cadet program director within one week of the accident.

Fire District 3     Fire District 6     CCFR     Vancouver

**Cadet:**

First Year     Second Year    NAME:.....

DATE & TIME OF INCIDENT:.....

DESCRIPTION OF INCIDENT (Activity at time of incident, how and where it happened):


INJURY DETAILS (Part of the body / suspected injury):


COULD THE INJURY HAVE BEEN PREVENTED? IF SO, HOW?


**Supervisor/Instructor:**

NAME:.....

PHONE:.....

SIGNATURE:.....

DATE:.....