



Charlton County Fire & Rescue

The Desire to Serve
The Courage to Act
The Ability to Perform



Personal Injury/Illness Investigation Report

Station _____ Date _____

Name of Injured _____ Date of Birth _____

Address of Injured _____

Phone _____ Age _____ Sex _____ Height _____ Weight _____

Occupation _____ Job Title _____ Department ID _____

Years with Dept. _____ Date of Injury _____ Time of Injury _____ Date Reported _____ Time Reported _____

Accident Reported To _____

Nature of Injury

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

Parts of Body Affected

- | | | |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Multiple Parts | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Knee(s) |
| <input type="checkbox"/> Head | <input type="checkbox"/> Back | <input type="checkbox"/> Ankle(s) |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Heart | <input type="checkbox"/> Foot/Feet |
| <input type="checkbox"/> Ear(s) | <input type="checkbox"/> Groin | <input type="checkbox"/> Ribs |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Arm | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Finger | |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Leg(s) | |

Where Injury Occurred

- | | | |
|---|--|--|
| <input type="checkbox"/> Station Maintenance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Standing By Station for Call |
| <input type="checkbox"/> Apparatus Maintenance | <input type="checkbox"/> Convention | <input type="checkbox"/> Training |
| <input type="checkbox"/> Emergency Scene | <input type="checkbox"/> Emergency Vehicle to Emergency | <input type="checkbox"/> Auxiliary Services |
| <input type="checkbox"/> Private Auto to Emergency | <input type="checkbox"/> Emergency Vehicle Non-Emergency | <input type="checkbox"/> Responding/Returning to Emergency (Non-Vehicle) |
| <input type="checkbox"/> Private Auto Non-Emergency | <input type="checkbox"/> Parades, Picnics, Contests | <input type="checkbox"/> Other _____ |

Cause of Injury

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

Injury Occurred - Performing What Task?

- | | | |
|--|--|--|
| <input type="checkbox"/> Forcible Entry | <input type="checkbox"/> Overhauling | <input type="checkbox"/> Rescue Operation |
| <input type="checkbox"/> Using Ladders | <input type="checkbox"/> Salvage | <input type="checkbox"/> Administering Medical Aid |
| <input type="checkbox"/> Advancing/Directing Hose Line | <input type="checkbox"/> Servicing/Repairing Equipment | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Ventilating | <input type="checkbox"/> Extrication | <input type="checkbox"/> Other _____ |

Witness(es) to Injury: _____

Injured Person's Signature _____ Date _____

