



Pinos Altos Volunteer Fire Rescue

First Report of Accident or Injury

I, _____ was involved in an accident at
(Name of Volunteer)

_____ on _____
(Time) (Day, Date)

Location where the accident or injury took place:

Description of what happened:

Description of injuries:

Description of items damaged:

Witnesses to accident:

Description of Medical Assistance:

Volunteer signature: _____ Date _____

Received by Crew Boss: _____ Date _____

Received by Chief: _____ Date _____