

PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES

GENERAL INCIDENT REPORT

Date of Report: _____ Fire Service Casualty Report Attached: _____

Name of Person Injured: _____

Home Address: _____

Department: _____

Date of Incident: _____ Time 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 _____

Protective Gear in use:

Boots _____ Helmet _____ Gloves _____ SCBA _____ 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 _____