

Accident Report Form



Virginia Department of Fire Programs

1005 Technology Park Drive
Glen Allen, VA 23059-4500, USA
tel: (804) 371-0220 fax: (804) 371-3444

This report must be submitted for each person requiring first aid or medical attention during any training activity conducted by the Virginia Department of Fire Programs. It must be completed by the instructors and forwarded to the Division Chief in the area in which the accident occurred within five (5) days of the accident. The Area Manager will conduct an investigation and forward findings to the Director of Training within five (5) days of receiving this form.

Should it appear that the injured will require hospital admission and/or loss from work, or the accident results in a suspected or known fatality, the instructor(s) will immediately contact a Virginia Department of Fire Programs Division Chief or the Director of Operations who will initiate a preliminary investigation. A detailed report will be prepared by the Division Chief, in cooperation with the instructor(s), and forwarded to the Director of Operations within five (5) days.

1. *SCHOOL NUMBER: _____ 2. *FDID: _____

3. *DEPARTMENT ADDRESS: _____

4. *LOCATION OF TRAINING: _____

5. *TITLE OF TRAINING COURSE: _____

6. *FULL NAME OF THE INJURED PERSON: _____

7. *DOB: _____ 8. *AGE: _____ 9. HEIGHT: _____ 10. WEIGHT: _____

11. *HOME ADDRESS: _____

12. *HOME TELEPHONE: _____ 13. WORK TELEPHONE: _____

14. *DATE OF ACCIDENT: _____ 15. *DAY OF WEEK: _____ 16. *TIME OF DAY: _____

17. *TYPE/EXTENT OF INJURIES:
(*Please type the description)

18. *FIRST AID/MEDICAL
ATTENTION RENDERED:
(*Please type the description)

19. ATTENDING PHYSICIAN: _____ 20. TELEPHONE: _____

21. ADDRESS: _____

22. HOSPITAL: _____ 23. TELEPHONE: _____

* Indicates Required Information

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(*Please type the descriptions)

24. *INSTRUCTOR(S)

25. *WITNESS(ES):

26. *OTHER PERTINENT FACTORS (WEATHER, ETC.):

27. *DESCRIBE HOW THE INCIDENT OCCURRED:

28. *VDFP STAFF CONTACTED:

29. *DATE/TIME CONTACTED:

30. *FAMILY/DEPT. CONTACT NOTIFIED:

31. *DATE/TIME CONTACTED:

32. * CONTACTED VIA:

33. *CONTACTED BY:

***REPORT SUBMITTED BY:**

34. *NAME:

35. *INSTRUCTOR NUMBER:

36. *HOME ADDRESS:

37. *HOME TELEPHONE:

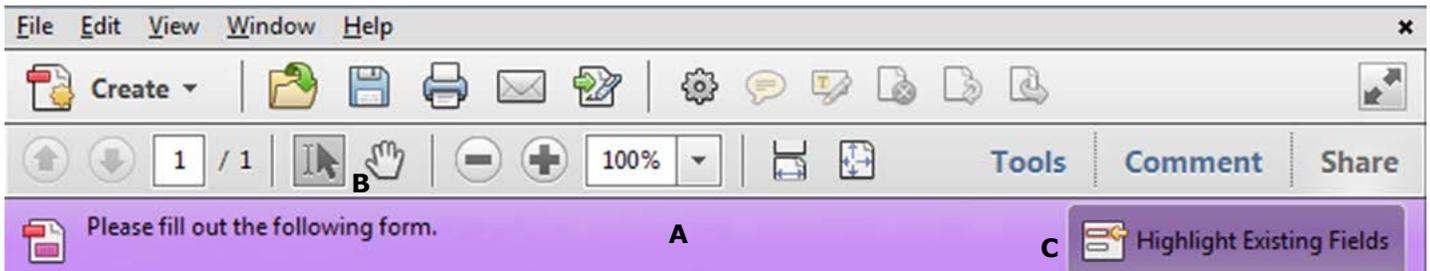
38. *WORK TELEPHONE:

39. *DATE WRITTEN REPORT SUBMITTED:

* Indicates Required Information

(VDFP USE ONLY)

ACTION BY DIVISION CHIEF/VDFP STAFF:



Instructions for Completing Fillable PDF Form:

Please make sure that the latest version of **Adobe Reader** is installed on your PC to complete the fillable PDF form. You may Download the **FREE** Macintosh or Windows versions of Adobe Reader from Adobe at: <https://get.adobe.com/reader/>

1. Open the PDF, Click File > Save file as

Name the file your **first name_last name and the date** and choose a location to save the file on your computer before completing the form. (jon_doe_01_01_16.pdf)

Once you have saved the interactive form to your computer, you are ready to **fill in the required information**. (Be sure to **save** and **retain** a copy of the completed form for your records.)

2. Fill in interactive form

An interactive form contains fields that you can select or fill in.

- A. Purple message bar indicates presence of fillable fields.
- B. Right-click the document, and select either the Hand Tool or the Select Tool from the pop-up menu.  or 
- C. To make form fields easier to identify, click the Highlight Existing Fields button on the document message bar. 

Form fields appear with a colored background light blue, and all **required form fields** are outlined in **red**.

- D. Click to select options, such as list boxes. Click inside a text field to type.

*Note: The pointer changes to a different icon as you move it over a field. For example, the Hand tool changes to an I-beam when you can type text into the form field.

- E. When finished filling in all of the required information, **save** the form and **click the Email address at the top** to create an Email. (staff.name@vdfp.virginia.gov) 

- F. **Attach** the completed PDF and send.  

– You may also Mail the Form:

Please print the completed form with all of the required information and mail to:
1005 Technology Park Drive
Glen Allen, Virginia 23059

– You may also Fax the Form:

Please print the completed form with all of the required information and Fax to:
(804) 371-3444

3. Print form

- Choose **File > Print** or Click the Print button. 
- Choose a printer from the menu at the top of the Print dialog box.
- In the **Comments and Forms menu** in the upper-right area of the Print dialog box, **choose Document**, and then **click OK**:

*Note: To print the form and the typed entries, You **MUST choose Document**. This option prints text you've typed using the Add Text tool.