**Injured Person**

- **Identification Number**
- **First Name**
- **Last Name**
- **Suffix**

**Primary Apparent Symptom**

- **Primary Part of Body Injured**

**Date and Time of Injury**

- **Date of Injury**
- **Time of Injury**

**Physical Condition Just Prior to Injury**

- **Severity**

**Activity at Time of Injury**

**Cause of Firefighter Injury**

- **Law Enforcement**

**Object Involved in Injury**

- **None**

**Vehicle Type**

- **None**

**Specific Location Where Injury Occurred**

- **In aircraft**
- **In boat, ship, or barge**
- **In rail vehicle**
- **In motor vehicle**
- **In sewer**
- **In tunnel**
- **In structure**
- **In attic**
- **In water**
- **In well**
- **In ravine**
- **In quarry or mine**
- **In ditch or trench**
- **In open pit**
- **On steep grade**
- **On fire escape/outside stairs**
- **On vertical surface or ledge**
- **On ground ladder**
- **On aerial ladder or in basket**
- **On roof**
- **Outside at grade**

**Remarks**

If protective equipment failed and was a factor in this injury, please complete the other side of this form.