

**Tightwad Fire Protection District  
Accident, Injury, or Illness Report**

**ACCIDENT, INJURY, OR ILLNESS**      Reported by: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_      Approximate Time: \_\_\_\_\_

Individuals Involved:

Individuals' Involvement:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Witness(es):

_____	_____
_____	_____
_____	_____

Nature of accident, injury, or illness (include any equipment, tools, or vehicles involved):

_____
_____
_____
_____
_____
_____
_____
_____

Attach any witness statements, witness contact information, sketches, pictures, etc.

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**ACTIONS TAKEN FOR THE ACCIDENT, INJURY, OR ILLNESS**

Immediate actions taken for the accident, injury, or illness (include any Patient Care Report #):

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Preventive actions taken as a result of the accident, injury, or illness:

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Suggested actions to be taken to prevent a similar accident, injury, or illness:

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Attach any sketches, pictures, law enforcement reports, etc.

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**INVESTIGATION**

Investigated by: \_\_\_\_\_

Cause(s) of the accident, injury, or illness:

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Preventive actions taken to avoid a similar accident, injury, or illness:

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Suggested actions to be taken to prevent a similar accident, injury, or illness:

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Attach any sketches, pictures, etc.