

# Georgetown City Fire Department

## Fire Supervisor's Accident Investigation Form

Date:	Time:
Effectuated Employee:	
Was There Property Damage:	Was There an Injury:

Describe in detail how the accident occurred:

Describe in detail how the employee was injured:

Describe employee's injuries and details of treatment:

List all safety equipment the employee was wearing at the time of the accident:

Witness Name:	Telephone Number:
Witness Name:	Telephone Number:
Witness Name:	Telephone Number:

Check Here if First Report of Injury Completed and Attached  
Check Here if Written Narratives are Complete and Attached

*These are required reports that must be submitted to complete this accident report*

This report was completed by:

This report has been approved by: \_\_\_\_\_