

**Jefferson Township Volunteer Fire Company
- Station 29 -**

405 Cortez Road, Jefferson Twp, PA. 18436
 Station: 570-689-2829
 www.29FireRescue.com
 29FireRescue@gmail.com



President – Johncarlo Ligi

Fire Chief – Donnie Wallace

Property Incident Report

BASIC INFORMATION					
Last Name:		First Name:		Date Incident Reported: / /	
Date of Birth: / /	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Time Incident Reported:	
Home Phone: () -		Cell Phone: () -		Incident Initially Reported To:	
E-Mail Address:				Social Security Number: - -	
Current Mailing Address:					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer: <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Disabled					
<input type="checkbox"/> Other: _____					

LOCATION		
Date Incident Occurred: / /	Time Incident Occurred:	Incident Initial Reported To:
Incident Location (exact):		

INJURY	
Did an injury occur: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was equipment involved in the injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
Body Part Injured:	Description of Equipment Involved:
Previous Injury to this body part, if so, when? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Owner of Equipment:
Nature/Extent of Injury:	Serial Number of Equipment:
Injury Description:	
Care Offered/Provided:	
Did the injury require ambulance treatment/transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of hospital providing care:

ADDITIONAL INFORMATION <i>(Obtain photo of footwear worn, soles and surface, if applicable)</i>	
Type of Footwear Worn:	Description of Footwear Sole:
Surface Type: <input type="checkbox"/> Carpet <input type="checkbox"/> Dirt <input type="checkbox"/> Pavement <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> VCT Tile <input type="checkbox"/> Other: _____	Surface Description: <input type="checkbox"/> Dry <input type="checkbox"/> Snow Covered <input type="checkbox"/> Icy <input type="checkbox"/> Wet <input type="checkbox"/> Other: _____

WITNESS(ES) <i>(Attach witness statements separately, if available)</i>			
Was the incident witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there photos/videos of the event occurring: <input type="checkbox"/> Yes <input type="checkbox"/> No	
WITNESS 1	Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Home Phone: () -	Cell Phone: () -	Date of Birth: Age: / / / /
	Current Mailing Address:		
WITNESS 2	Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Home Phone: () -	Cell Phone: () -	Date of Birth: Age: / / / /
	Current Mailing Address:		

NARRATIVES
Involved Parties statement of How Event Occurred <i>(their own words, allow party to write statement, if able):</i>
Involved Fire Company member statement of Event:

To the best of my ability and knowledge, the above documented statements regarding the incident I was involved in at the Jefferson Township Volunteer Fire Company is truthful and correct.		
Involved Individual Signature:	Involved Individual Print Name:	Date: / /
Individual Completing Report Signature:	Individual Completing Report Print Name:	Date: / /

