

Fire District No. 1
Township of Burlington
1601 Burlington Bypass
Burlington, NJ 08016
609-239-5849

PRELIMINARY REPORT OF PERSONAL INJURY

Date of Injury: _____ Time: _____ Incident #: _____

Name of Injured: _____

Home Address of Injured: _____

Location of Injury (Address): _____

Occupation (Firefighter, Inspector, Fire Police, etc.): _____

Injury description and body part: _____

Detailed description of how injury occurred. (Use additional sheets if necessary)

Object that directly injured employee: _____

Was injured unable to work on any day after injury? YES NO

Medical Treatment Facility (Name, Address, Hospital, Physician)

Name of Safety Committee Person Notified: _____ Date: _____

Signature of Person Filing Report: _____ Title: _____

Date of Report: _____