WASHINGTON VOLUNTEER FIREFIGHTERS' & RESERVE OFFICERS'
RELIEF AND PENSION FUND

REPORT OF ACCIDENT

REPORT OF INJURED MEMBER

Name of department _____ Date of Accident _____

Name of injured member _____ Birthdate _____ M ☐ F ☐

Address of member _____ Phone #_____

Regular occupation _____ Social Security Number _____

Single ☐ Married ☐ Full Name of Spouse _____

Children under 18 supported by you:
Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Activity at the time of the accident:

☐ Responding to:	☐ At scene:	☐ Returning from:	☐ Training:	☐ Other activity:
☐ aid call	☐ aid call	☐ aid call	☐ at academy	_____
☐ fire	☐ fire	☐ fire	☐ at station	_____
☐ patrol	☐ patrol	☐ patrol	☐ at live fire	_____
☐ other _____	☐ other _____	☐ other _____	☐ other _____	_____
_____	_____	_____	_____	_____

Describe the accident in full: _____

_____

_____

_____

Witness: **X** _____ **SIGN HERE X**_____ Date**:** _____
(Injured member sign in ink)

REPORT OF CHIEF OR SHERIFF

Name of chief or sheriff _____ Officer in charge _____

How can such injuries be prevented? _____

Did member lose time from regular work? Yes ☐ No ☐ Hospitalized? Yes ☐ No ☐

Date of accident _____ Time of accident _____ Location of accident _____

Has the injured been registered as required by the Volunteer Firefighters' & Reserve Officers' Relief Act? Yes ☐ No ☐
Did the injury occur as a result of a mobilization? Yes ☐ No ☐

X_____ **X**_____
(Signature of Chief or Sheriff) (Signature of officer in charge)

REPORT OF PHYSICIAN

Date physician called _____ Time physician called _____

Describe in full the extent of injury _____

_____

_____

_____

Estimate time loss, if any _____ **X** _____
(Signature of attending physician)

REPORT OF LOCAL BOARD OF TRUSTEES

Date claim filed _____ Date of hearing by local board _____

Date claim granted _____ Date claim rejected _____

X _____ **X** _____
(Chair of local board) (Secretary of Local Board)

Please keep a copy of this form for your records and send the original to BVFF, PO Box 114, Olympia, WA 98507.