

MABAS DIVISION III	No.
Subject: RECORDS AND REPORTS	Creation Date: 1/1/08
	Revision Date:
Title: REPORTING PROPERTY DAMAGE AND PERSONAL INJURIES	Page 1 of 2

Approved By: _____
President, MABAS Div. III Date

I. Scope

This directive was promulgated to establish a system for the reporting of information concerning incidents involving vehicular accidents, property damage, worker compensation and non-worker compensation injuries, and significant exposures to identified hazardous materials.

II. Responsibilities

It shall be the responsibility of each Special Team Member of the Division to immediately report to his or her Team Leader any incident or accident resulting in property damage or personal injury that occurs while on duty. This notification shall be without regard to the degree of damage or the severity of the injury.

1. Verbal Reporting – A verbal report shall be made from the individual involved to his or her Team Leader immediately following the incident. When appropriate, the member’s own Chief or on-duty shift commander will be notified as soon as possible.
2. Written Reporting – Written reports are to be completed as soon as possible, and, prior to the end of the work shift. Forward completed written reports to the Team Leader and to the Special Team Liaison Chief.
3. These documents do not take the place of any local fire department’s requirements for recording worker’s compensation or damaged equipment incident reports.

Forms

- a. *Incident/First Aid Report* (injured person completes)
Complete this form to report: (No outside medical treatment required)
 - An injury occurred. The injury may or may not require first aid such as a band-aid. (e.g. patient treated and released on scene)
 - The injury must not have required a hospital or clinic visit.
- b. *Non-Workers Compensation Accident Report Form* (Team Leader completes)
This is a “multi-purpose” form. Complete applicable sections of this form to report:
 - Vehicular accidents
 - Damage to MABAS Division III and/or to private property.
 - Non-workers compensation injuries – i.e., slips, trips, or falls on non-employees occurring on MABAS Division III property.

MABAS DIVISION III	No.
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TITLE: REPORTING PROPERTY DAMAGE AND PERSONAL INJURIES	Page 2 of 2

- c. *Team Leaders Investigation Report* (Team Leader completes)
Complete this form to report:
 - Team Leader’s statement, investigation and remedy following an employee injury.
- d. *Employee’s Statement of Injury* (injured person completes)
Complete this form to report:
 - An injured employee’s account of what happened.

Additional Forms

- e. *Damaged Equipment Form* (member involved completes)
Complete this form to report:
 - Damage to vehicles
 - Damage to MABAS Division III and/or Private property
 - f. *Witness Statements* (each witness completes a form)
Complete this form to report:
 - Statements from all individuals having knowledge of direct and indirect facts about an incident or accident.
 - Statements from all individuals in close proximity to an incident or accident when the incident occurred.
 - g. *Police Department Accident Report* (AHJ PD Completes)
Attach Police Report:
 - For a vehicular accident that results in personal injury
 - For damage to property that does not belong to MABAS Division III.
- All **Team Leaders** shall be responsible for ensuring that a team member under their direction who is involved in an accident, or who is injured, completes the appropriate reports. Reports shall be complete, accurate, and filed in a timely manner.
 - The Team Leader will review the reports for accuracy and completeness and forward to the MABAS Division III **Team Liaison Chief** no later that the end of their work shift.
 - Copies of all documentation will be forwarded to the MABAS Division III **Special Teams Audit Committee (STAC)** for review and recommendations.
 - The Team Leader will forward copies of all reports to the affected member’s local Fire Chief.

MABAS DIVISION III INCIDENT/FIRST AID REPORT

This report will be used for any accident or incident, which may or may not have required first aid, but did not require clinic or hospital treatment. This report should be completed no later than the end of the work shift of the employee involved.

SPECIAL TEAM TYPE _____

DATE AND TIME _____

Employee's Name: (Print)	
Job Title:	Member Employee ID#
Department Name:	
Location:	
Describe How Accident/Injury Occurred:	
Was First Aid Given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Type Of First Aid Given:	
First Aid Given By: (Print Name)	Date/Time: /
Employee's Signature:	Date:
Team Leader's Signature:	Date:
Team Leader Name (Printed):	

Original To: Special Team Liaison
cc: Member's Local Fire Chief

MABAS DIVISION III

NON-WORKERS COMPENSATION ACCIDENT REPORT FORM

PLEASE FORWARD ACCIDENT REPORT TO DIVISION III SPECIAL TEAM LIAISON CHIEF

SPECIAL TEAM TYPE _____

DATE _____

Please complete the sections of the report that are applicable. Please print in ink. The individual having responsibility for reporting the accident should complete the report **by the close of the work shift.**

The Supervisor/Team Leader of the Team Member who filled out the form should complete section IX. The report shall then be forwarded to your local member Fire Chief **by the end of the work shift.** This completed form shall then be forwarded to Division III Liaison Chief within 24 hours.

I. MEMBER INFORMATION

NAME OF MABAS MEMBER:		PHONE NUMBER:	FIRE DEPARTMENT:
DATE OF ACCIDENT:		TIME :	WAS EMPLOYEE INJURED: YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCATION OF ACCIDENT:		DRIVER IF AUTO ACCIDENT:	
POLICE OR FIRE DEPT. REPORT #	STREET/SIDEWALK CONDITIONS: <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> WET <input type="checkbox"/> SNOW/ICE		WEATHER CONDITONS: <input type="checkbox"/> CLEAR/CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER

II. MABAS DIVISION III PROPERTY DAMAGE

ITEMS DAMAGED:	AGE OF ITEM (S) DAMAGED:	VIN NUMBER:	ESTIMATE OF DAMAGE \$
MAKE OF OUR VEHICLE/MOBILE EQUIPMENT:	YEAR:	MODEL:	LICENSE NUMBER (S):

III. MEMBER DESCRIPTION OF ACCIDENT

IV. NON-MABAS DIVISION III ACCIDENT/INJURY INFORMATION

NAME:		SEX:	AGE/D.O.B. / /
BUSINESS PHONE:	HOME PHONE: - -	ADDRESS:	
NATURE OF INJURY/PART OF BODY: <input type="checkbox"/> FATALITY		WHAT WAS INJURED PERSON DOING?	
WHERE TAKEN? (Name of hospital/clinic)		AMBULANCE TRANSPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

V. NON-MABAS DIVISION III AUTOMOBILE INFORMATION

OWNER OF OTHER VEHICLE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE - -
DRIVER, IF OTHER THAN OWNER	AGE	ADDRESS	CITY	STATE	ZIP	PHONE - -
MAKE OF VEH	YEAR	MODEL	LICENSE NO.	VIN NO.	AREA OF DAMAGE	ESTIMATE OF DAMAGE \$
IS VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY/AGENCY NAME, POLICY NO. & PHONE NO.			WHERE VEHICLE CAN BE SEEN:		

VI. NON-MABAS DIVISION III SPECIAL TEAMS PROPERTY DAMAGE (i.e. fence, building, etc.)					
OWNER OF PROPERTY	ADDRESS	CITY	STATE	ZIP	PHONE - -
DESCRIBE DAMAGED PROPERTY:			LOCATION OF PROPERTY:		
IS PROPERTY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY/AGENCY NAME, POLICY NO. & PHONE NO.:				
VII. WITNESS INFORMATION (use other side if necessary)					
NAME:	DEPARTMENT:	BUS PHONE - -	HOME PHONE - -		
NAME:	DEPARTMENT:	BUS PHONE - -	HOME PHONE - -		
VIII. ADDITIONAL COMMENTS					
Unsafe conditions (Describe any conditions or defects contributing to the accident):					
Describe any unsafe acts or procedures contributing to the accident (SOPs followed?):					
What precautions should have been taken to avoid accident (if any?):					
Remedy (As a supervisor, what action have you taken or do you propose taking to help prevent a similar accident?):					
Comments:					
SUPERVISOR/TEAM LEADER: _____ signature			DATE: _____		
PRINT NAME: _____			PHONE: _____		
<p>PLEASE GIVE ACCIDENT REPORT TO SPECIAL TEAM LIAISON CHIEF PROMPTLY. PLEASE ATTACH ANY SUPPORTING MATERIAL, SUCH AS AVAILABLE REPORTS, NEWSPAPER ACCOUNTS, PICTURES, REPAIR ESTIMATES AND/OR BILLS, AS SOON AS POSSIBLE. POLICE REPORTS / AMBULANCE REPORTS / ESTIMATES OF REPAIR NOTE: IF MABAS DIVISION III PROPERTY IS DAMAGED BY A CLAIMANT VEHICLE, FILE A STATE OF ILLINOIS ACCIDENT FORM WITH THE SECRETARY OF STATE.</p>					

cc: Member's Local Fire Chief

MABAS DIVISION III

TEAM LEADER INVESTIGATION REPORT

SPECIAL TEAM TYPE _____

DATE _____

This report shall be completed in ink by the Team Leader of the injured, **no later than the end of the injured person's work shift**. The report shall then be forwarded to the Special Team Liaison Chief **within 24 hours**, along with the other forms.

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically, It is your responsibility to find them, name them and to state the remedy for them in this report.

NAME OF MABAS DIVISION III INJURED MEMBER:	DATE & TIME OF ACCIDENT / / <input type="checkbox"/> AM <input type="checkbox"/> PM
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INJURED EMPLOYEE'S DEPARTMENT:	INJURED EMPLOYEE'S FF ID#:
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DATE INJURED PERSON REPORTED ACCIDENT: / /	TO WHOM REPORTED:
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LOCATION OF ACCIDENT (The name or number of building, store, dept., floor, etc.):

INJURED PERSON STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER	HAPPENED DURING: <input type="checkbox"/> TRAINING <input type="checkbox"/> INCIDENT
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DESCRIBE THE INJURY :

DESCRIBE THE ACCIDENT (State what the injured was doing and the circumstances leading to the accident):

WAS MEMBER TRANSPORTED TO A MEDICAL FACILITY? YES NO IF YES, AMBULANCE # _____ EMS INCIDENT # _____

NAME & ADDRESS OF TREATING DOCTOR:

ANY WITNESSES TO THIS INJURY/ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES:		
WITNESS NAME	TITLE/JOB DESCRIPTION	PHONE #
WITNESS NAME	TITLE/JOB DESCRIPTION	PHONE #
WITNESS NAME	TITLE/JOB DESCRIPTION	PHONE #

HOW COULD THE INJURY/ILLNESS HAVE BEEN PREVENTED?

REMEDY (As a supervisor, what action have you taken or do you propose taking to prevent a repeat accident?)

TEAM LEADER (PRINT NAME)	TEAM LEADER SIGNATURE	DATE REPORT PREPARED / /
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USE REVERSE SIDE FOR ADDITIONAL SPACE NEEDED

MABAS DIVISION III

EMPLOYEE'S STATEMENT OF INCIDENT/INJURY

SPECIAL TEAM TYPE _____

DATE _____

Employee must complete all questions in own handwriting. (Use back of sheet if more space is needed.)

Name:		Address:	
Dept:	Job Title:	Name of Team Leader:	
Describe the Nature of the Incident/Injury:			
Explain Exactly What Happened:			
Date and Hour Injury Occurred: _____/_____/_____		A.M.	P.M.
Where Did This Occur:			
Date and Hour You Notified Your Team Leader: _____/_____/_____		A.M.	P.M.
Date and Time You First Saw Doctor: _____/_____/_____		A.M.	P.M.
Ambulance Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:			
Employee's Signature:		Team Leader's Signature:	
Date:		Date:	
Print Name:		Print Team Leader's Name:	

MABAS DIVISION III

REPORT OF EQUIPMENT OR PROPERTY DAMAGE

SPECIAL TEAM TYPE: _____

DATE _____

The following report is to be completed for any type of damage to vehicles and/or equipment or property damage.

Name of Individual Involved (print):	Date:
Department:	
No. or description of equipment or property that was damaged:	
Description of how and where accident occurred:	
What could have been done to avoid this accident:	
Signature:	FD ID #
Signature of Team Leader:	Alarm #

MABAS DIVISION III

WITNESS STATEMENT OF INJURY OR ACCIDENT

SPECIAL TEAM TYPE: _____

DATE _____

To be completed by:

1. Individuals having knowledge of direct or indirect facts about an injury or accident. Or,
2. All individuals in close proximity to an incident or accident when the event occurred.

Witness Name (print):	FD ID#:	Today's Date:
Date and Time of incident/accident:		
<p><u>SUMMARY OF THE INCIDENT:</u> Explain exactly what happened: include pertinent information before, during, and after the event. Use an additional sheet of paper if necessary.</p>		
Witness Signature:		Date:
Signature of Team Leader:		Date:
Team Leader Name (print):		