

VOLUNTEER FIREFIGHTERS' BENEFIT ASSOCIATION
FIRST REPORT OF INJURY

Date: _____

Firefighter Name _____

Home Address _____ City _____ State _____ ZIP _____

Phone – Home _____ Cell _____

Fire Department _____ VFBA Certificate No. _____ VOL _____ PAID _____

INCIDENT INFORMATION

Where Occurred _____

Date ___/___/___ City _____ County _____ State _____ Hour _____ AM _____ PM _____

Describe Injury Incident in Detail _____

Name/Address of Attending Physician _____

Name/Address of Medical Facility _____

Other Information _____

Name of 2 Witnesses _____

Signature Chief/Acting Chief _____ Phone # _____

Fire Dept Address _____ City _____ State _____ Zip _____

Phone – Office _____

Send finished report to Secretary of VFBA within 10 days of injury incident.

Send to: Bruce Boynton, Secretary
VFBA of MN
P.O. Box 71
Lewiston, MN 55952
Phone - 507-523-3614