

**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**

Incident Address \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Hour \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Incident details (what type of fire/incident, details about the fire/incident) \_\_\_\_\_  
\_\_\_\_\_Describe Injury in Detail (how did the injury occur, what were you doing) \_\_\_\_\_  
\_\_\_\_\_Injured Part of Body \_\_\_\_\_  
\_\_\_\_\_Name/Address of Attending Physician \_\_\_\_\_  
\_\_\_\_\_Name/Address of Medical Facility \_\_\_\_\_  
\_\_\_\_\_

Regular Occupation \_\_\_\_\_

Name of 2 Witnesses \_\_\_\_\_  
\_\_\_\_\_

District # \_\_\_\_\_ Director Name \_\_\_\_\_

Signature Chief/Acting Chief \_\_\_\_\_ Phone # \_\_\_\_\_

Fire Dept Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone – Office \_\_\_\_\_

**Send finished report to Secretary of VFBA within 30 days of injury incident.**

**Send to: Steven Spaeth, Secretary  
VFBA of MN  
P.O. Box 822  
Detroit Lakes, MN 56502  
Phone - 218.850.3101**