** The Baltimore County Volunteer Firemen’s Association**

**SUPERVISOR’S FIRST REPORT OF INJURY**

**This report must be submitted to the Volunteer Association Office and**

**Baltimore County Worker’s Compensation Unit within *24 hours* of the incident**

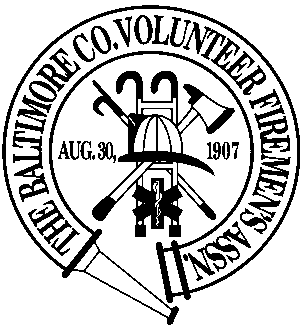
***Fax to (410) 832-1516 (HR Office) and (410) 832-8507 (Vol. Office) or email to***

**Worker’s Compensation email:** [**ohrwccfax@baltimorecountymd.gov**](mailto:ohrwccfax@baltimorecountymd.gov) **//**

**BCVFA email:** [**bcvfa-admin@baltimorecountymd.gov**](mailto:bcvfa-admin@baltimorecountymd.gov)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **STATION NUMBER** | **(2) NAME OF VOLUNTEER COMPANY** | | | | | | | | | 1. **MEMBER’S FIRE SERVICE I.D. NO.** | | | | 1. **BALTIMORE CO CLAIM NUMBER** | |
| **(5) LAST NAME OF MEMBER** | | | | | 1. **FIRST NAME OF MEMBER** | | | | | | **(7) MIDDLE**  **INITIAL** | 1. **SOCIAL SECURITY NUMBER** | | | |
| **(9) ADDRESSS** | | | | | | | | | | | **(10) SEX**  **MALE**  **FEMALE** | | **(11) MARITAL**  **STATUS**  **UNMARRIED**  **MARRIED**  **SEPARATED** | | **(12) NUMBER OF**  **DEPENDENTS** |
| **(13) CITY** | | | | | | | | | 1. **STATE** | | 1. **ZIP CODE** | | 1. **DATE OF BIRTH** | | |
| **(17) MEMBER’S HOME PHONE** | | | | 1. **MEMBER’S WORK PHONE** | | | | | | | 1. **MEMBER’S PAGER NUMBER** | | | | |
| **(20) DATE AND TIME INJURY OCCURRRED** | | | **(22) DATE SUPERVISOR**  **WAS NOTIFIED** | | | 1. **TYPE OF INJURY, ILLNESS OR EXPOSURE** | | | | | | | | | |
| 1. **PART OR PARTS OF BODY AFFECTED BY INJURY, ILLNESS OR EXPOSURE** | | | | | | | | 1. **LOCATION OF INCIDENT WHERE INJURY, ILLNESS OR EXPOSURE OCCURRED** | | | | | | | |
| **(26) EXACTLY WHAT WAS MEMBER DOING WHEN INJURY, ILLNESS OR EXPOSURE OCCURRED?** | | | | | | | | | | | | | | | |
| **(27) TELL EXACTLY WHAT HAPPENED AND STATE WHAT TOOL OR OBJECT WAS INVOLVED IN THE INJURY, ILLNESS OR EXPOSURE** | | | | | | | | | | | | | | | |
| **(28) NAME OF DOCTOR WHO EXAMINED OR TREATED INJURY, ILLNESS OR EXPOSURE** | | | | | | | | | | | | | | | |
| **(29) NAME OF HOSPITAL WHERE INJURY, ILLNESS OR EXPOSURE WAS EXAMINED OR TREATED** | | | | | | | | | | | | | | | |
| **(30) DID MEMBER GO TO THE**  **MERCY MEDICAL LUTHERVILLE**  **PERSONAL PHYSICIANS**  **YES** **NO** | | **(31) WAS REQUIRED PERSONAL PROTECTIVE SAFETY EQUIPMENT IN USE? YES**  **NO**  **WERE ANY SAFETY REGULATIONS VIOLATED? YES**  **NO** | | | | | | | | | | | | | |
| **(32) TITLE, NAME, COMPANY OF WITNESSES TO INJURY, ILLNESS OR EXPOSURE** | | | | | | | | | | | | | | | |  |
| **(33) NAME AND PHONE OF MEMBER’S EMPLOYER** | | | | | | | | | | | | | | | |
| **(34) NAME OF COMPANY OFFICER PREPARING THIS REPORT** | | | | | | | 1. **TITLE** | | | | | | | | |
| **(36) SIGNATURE OF COMPANY OFFICER PREPARING THIS REPORT** | | | | | | | 1. **DATE** | | | | | | | | |

THE BALTIMORE COUNTY VOLUNTEER FIREMEN’S ASSOCIATION



700 East Joppa Road – 3rd Floor Phone: (410) 887-4885

Towson, MD 21286 Fax: (410) 832-8507

Email: [bcvfa-admin@baltimorecountymd.g](mailto:bcvfa-admin@baltimorecountymd.g)ov

Effective Monday, July 1, 2013, **Mercy Medical Center** will be the designated Baltimore County Employee Health Clinic, instead of Concentra. One location will be utilized:

**Lutherville Personal Physicians**

1734 York Road (corner of York and Ridgely Roads)

Lutherville, MD 21093

443-275-5090

Hours of Operation: 0800 – 1600, Monday through Friday

After hours, you should go to St. Joseph’s Hospital. If not close to St. Joseph’s Hospital, go to your nearest hospital.

**Worker’s Compensation Claims are now being handled by Baltimore County**

Supervisor’s First Report of Injury will need to be **faxed or emailed** to the Volunteer Office and the Baltimore County Worker’s Compensation Unit within 24 hours of incident.

Baltimore County WC Unit Fax # (410) 832-1516 or email at: [ohrwccfax@baltimorecountymd.gov](mailto:ohrwccfax@baltimorecountymd.gov)

Volunteer Office Fax# (410) 832-8507 or email at: [bcvfa-admin@baltimorecountymd.gov](mailto:bcvfa-admin@baltimorecountymd.gov)

Fax numbers and email addresses are also on the top of the form.

Baltimore County

Workers Compensation Unit

Office of Human Resources

308 Allegheny Avenue

Towson, MD 21204

PH#: 410-887-6565

Revised 2/7/17