



FILE # _____

Baltimore Co. Volunteer Firefighter's Association Vehicle Accident/ Property Damage/Injury Report

COMPLETE WITHIN 24 HOURS OF INCIDENT & E-MAIL TO volsafety@baltimorecountymd.gov
IF INVOLVING A MEMBER INJURY/ILLNESS ALSO E-MAIL TO
BCWCCLAIMSFAX@baltimorecountymd.gov

Total Pages
(including 58s and all other documents)

1. TYPE OF REPORT				<i>Check All that Apply in this section</i>				DATE OF INCIDENT			
Vehicle Accident <input type="checkbox"/>		Property Damage <input type="checkbox"/>		Injury/Illness <input type="checkbox"/>		Damage Found on DOT <input type="checkbox"/>					
Accident Involved		FD Vehicle <input type="checkbox"/>		Civilian Vehicle <input type="checkbox"/>		Fixed Object <input type="checkbox"/>		Other (describe in 58) <input type="checkbox"/>			
2. INJURED EMPLOYEE/FD OPERATOR				Volunteer <input checked="" type="checkbox"/>		Drivers License #					
Rank	Last Name	First Name	MI	LOSAP	Male/Female	DOB	Member's Primary Phone				
Home Address of Member			Last 4 of SS	Company No.	Yrs of Service	Date Supervisor Notified					
3. INJURY/ILLNESS INFORMATION						Injury (Y/N)		Illness (Y/N)			
Primary Symptom				Treated at Mercy? (Y/N)		Transported? (Y/N)					
Activity @ time of Injury/Illness						Hospital #					
Was PPE in use at time of injury/illness (Y/N)			Time of Incident		Include Form 58 with complete description of incident						
Name and Phone Number of Member's employer											
4. FIRE DEPARTMENT VEHICLE						FD Vehicle Involved (Y/N)					
5 Digit ID#		Unit #		Year	Tag	Mileage					
Make		Model		VIN							
Safety Device(s) in Use (Y/N)		Seat Belts <input type="checkbox"/>		Air Bags Deployed <input type="checkbox"/>		Headsets <input type="checkbox"/>					
Other Safety Devices:											
FD Crew (Additional names on Form 58)		1	2	3	4						
Vehicle Damage? (Y/N)		Damage Require Out of Service (Y/N)		FD Vehicle Towed (Y/N)							
Location of Vehicle Damage											
Type of Vehicle Damage											
5. OTHER VEHICLE OR PROPERTY						Other Vehicle Involved (Y/N)					
Operator		Last Name		First	MI	DOB		Injured (Y/N)			
Operator Street Address						City	State	Zip	Hospital #		
Vehicle Make		Model		Year	Tag						
Same as Operator? (Y/N)											
Owner		Last		First	MI	Phone					
Owner Street Address						City	State	Zip			
Insurance		Company Name		Policy Number							
6. ACCIDENT INFORMATION											
FD CC #		Police CC#		Time	Posted Speed						
Location				Weather Conditions							
Surface Condition		Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>	Mud <input type="checkbox"/>					
Emergency Equipment in Use		Lights <input type="checkbox"/>	Siren <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/>						
FD Activity		Responding To Call <input type="checkbox"/>	Transporting to Hospital <input type="checkbox"/>	Patient on Stretcher (Y/N)							
		Returning From Call <input type="checkbox"/>	Parked <input type="checkbox"/>	Other							
PD Investigation		BCoPD <input type="checkbox"/>	MSP <input type="checkbox"/>	Other <input type="checkbox"/>							



Baltimore County Volunteer Fireman's Association

Vehicle Accident/Property Damage/Injury Report

7. CIVILIAN INJURIES/WITNESSES/OCCUPANTS

Additional Names - Use Form 58

Civilian 1	Last Name		First		MI	DOB
	Civilian Street Address		City	State	Zip	Injured (Y/N)
						Transported (Y/N)
						Hospital #
Civilian 2	Last Name		First		MI	DOB
	Civilian Street Address		City	State	Zip	Injured (Y/N)
						Transported (Y/N)
						Hospital #
Civilian 3	Last Name		First		MI	DOB
	Civilian Street Address		City	State	Zip	Injured (Y/N)
						Transported (Y/N)
						Hospital #

8. DIAGRAM

Use FD vehicle's Unit Number (E1) as identifier in diagram

Indicate North



9. SUPERVISORY REVIEW

All Form 58s Complete? (Y/N)

Operator/Employee Name	Signature	ID	Date
Supervisor Name	Signature	ID	Date

LOGISTICS USE ONLY (DO NOT COMPLETE):

Minor Damage Disabling Damage Major Damage Repair Cost