

# RETAINED FIREFIGHTERS UNION

## INCIDENT REPORT FORM

### Personal Details

<b>Name</b>		
<b>Address</b>		
<b>Date of Birth</b>		<b>National Insurance Number</b>
<b>Telephone No.</b>	<b>Home:</b>	<b>Work:</b>
<b>Brigade Headquarters' Name and Address</b>		
<b>Station Name and Address</b>		
<b>Full-Time Employer's Name and Address</b>		

### Incident Details

<b>Time of Incident</b>	<b>Date of Incident</b>
<b>Place of Incident</b>	
<b>Full Description of Incident</b>	
Please provide a detailed description of events leading up to the incident and describe fully how the incident occurred	

**Who do you consider was responsible for the Incident and why?**

**Were there any witnesses?**

**If so, provide their names and addresses**

**Name of Safety Officer in charge at the time of the Incident**

**Date entered in Station Accident Book**

**Is there a Police investigation?**

**If so, provide details of the Constabulary investigating the Incident (including the identity of the Investigating Officer)**

### **Injuries**

**Did you suffer injuries in the Incident?**

**If so, please provide a description of your injuries and any continuing symptoms**

**Did you attend hospital?**

**If so, please confirm when and provide name and address**

**Did you attend your GP?**

**If so, confirm when and name and address**

<p><b>Were you off Retained Duties?</b></p> <p><b>Yes/No</b> <i>(Delete as appropriate)</i></p> <p><b>If Yes</b></p> <p><b>From</b> ..... <b>To</b> .....</p>	<p><b>Were you off full-time work due to your injuries?</b></p> <p><b>Yes/No</b> <i>(Delete as appropriate)</i></p> <p><b>If Yes</b></p> <p><b>From</b> ..... <b>To</b> .....</p>
<p><b>SIGNED</b> .....</p>	<p><b>DATED</b> .....</p>

**IMPORTANT NOTE:** Compensation for personal injuries sustained in the course of employment as a Retained Firefighter is not automatic. To pursue a claim for damages negligence by another party must first be proven and this may require Court proceedings. To assist us in pursuing your claim it is important that you provide us with as much information as possible with regard to the circumstances of the incident. If possible, take photographs of the scene of the incident and obtain the names and addresses of as many witnesses as possible. If you feel that a diagram would assist the Union and their legal advisors please prepare a separate sketch and attach it to the Incident Report Form. Only Solicitors instructed by the General Secretary to represent Members will be funded by the Retained Firefighters Union.

There are strict time limits imposed by Law with regard to pursuing claims for compensation. It is essential that the Incident Report Form be completed as soon as possible and returned to the Retained Firefighters Union Headquarters at Firefighter House, Station Road, ATTLEBOROUGH, Norfolk, NR17 2AS.

For serious incidents involving injuries please telephone the Retained Firefighters Union first at **(01953) 455005** (24 hours) and then return the Incident Report Form.