

ACCIDENT REPORT POSTCARD

Name of Department _____

Name of Injured Member _____

Birthdate _____ Accident Date _____

Nature of injury _____

Time loss from work? No Yes Estimate time loss _____ days

Hospitalized? No Yes How did injury happen? _____

Check box to receive additional cards

Doctor's name _____ Chief's or Sheriff's signature _____

FIR Accident Rpt. Postcard—f



Dear Chief or Sheriff:

In case of injury, immediately complete and mail the attached postcard. This will comply with the 90-day reporting requirement of the Volunteer Fire Fighters' and Reserve Officers' Relief and Pension Act, but a regular accident report (SF 5580) MUST be filed before any claims can be paid. Complete and keep the reverse side of this section

Sincerely,
Board for Volunteer Fire Fighters
and Reserve Officers

COMPLETE AND KEEP THIS SECTION FOR YOUR RECORDS

Name of Injured Member

Date of Accident

Date Postcard Mailed

Return Address

PUT
STAMP
HERE

Board for Volunteer Fire Fighters

P.O. Box 114

Olympia, Washington 98507