

COLUMBIA COUNTY  
OFFICE OF FIRE COORDINATOR

85 INDUSTRIAL TRACT - HUDSON, NY 12534 - (518) 822-8610 - FAX (518) 828-2790

GEORGE KEELER  
DEPUTY COORDINATOR  
PO BOX 388  
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WILLIAM HUNT  
FIRE COORDINATOR  
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ANCRAM, NY 12502

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VALATIE, NY 12184

PETER J. HARVEY  
DEPUTY COORDINATOR  
NIVERVILLE, NY 12130

FRED R. MILLER  
FIRE COORDINATOR  
TRAINING TOWER FACILITATOR  
16 Deerfield Circle  
COPAQUE, NY 12516

**TRAINING CENTER ACCIDENT REPORT**

Date of Report    /   /     
Name of Injured Person \_\_\_\_\_  
Age     D.O.B.    /   /    Sex     Social Security #      
Home Address ..... \_\_\_\_\_  
Home Phone ..... \_\_\_\_\_  
Fire Department ..... \_\_\_\_\_

Date of Incident ..... \_\_\_\_\_ Time of Incident ..... \_\_\_\_\_  
Type of Training ..... \_\_\_\_\_  
Officer/Instructor in Charge ..... \_\_\_\_\_  
Description of Incident ..... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Injury (include part/s of body affected) ..... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Protective Gear in use ..... Helmet     Bunker Coat     Bunker Pants      
Gloves     Face Shield     Nomex Hood     SCBA     Other      
Was it Defective? Yes     No     Describe    

If Protective Gear **NOT** used indicate reason \_\_\_\_\_

Specific Equipment connected with this injury \_\_\_\_\_

Medical Treatment Provided Yes     No      
Date    /   /    EMS Agency \_\_\_\_\_  
Hospital \_\_\_\_\_ Doctor \_\_\_\_\_  
Reported by \_\_\_\_\_ Title/Rank \_\_\_\_\_  
Reviewed by \_\_\_\_\_ Title/Rank \_\_\_\_\_

**"REPORT MUST BE FILED WITH-IN 24HRS TO THE COORDINATORS OFFICE"**  
**"FAILURE TO DO SO WILL RESULT IN FORFEITURE AS PER 3B MISUSE OF TRAINING FACILITY"**

R'vs'd September 2017