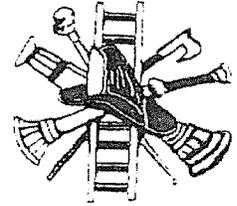


City of Lowell, Massachusetts
Lowell Fire Department

Headquarters
JFK Civic Center
99 Moody Street
Lowell, MA 01852



(978) 459-5553
fax: (978) 459-5558

Edward J. Pitta
Fire Chief

REPORT OF INJURY

FROM: _____ Date: _____

TO: Chief of Department

I respectfully submit the following report of injury to a member of my Company:

Name of Injured: _____ Company: _____

Date of Injury: _____ Time of Injury: _____

Location/Address: _____

Incident Number # _____ Box # _____

Activity When Injured:

- Driving/Riding Vehicle
 - Was member properly restrained with seatbelt _____ YES _____ NO
- Incident Scene Activity
- Fire Station Activity
- Drill
- Other _____

Extent of Injury: _____

Describe How Injured: _____

Injury Witnessed By: _____

Member Transported to Hospital ___ YES ___ NO Hospital: _____

Attending Physician: _____ Remained on Duty ___ YES ___ NO

I attest that the information above is true to the best of my knowledge: _____
(Signature)

INJURY REPORT

Name of Injured: _____

Company: _____

Date of Injury: _____

Tel. #: _____
(where injured member can be reached)

Officer/FR-in-Charge:

Signature: _____