

WASHINGTON VOLUNTEER FIREFIGHTERS' & RESERVE OFFICERS'
RELIEF AND PENSION FUND

REPORT OF ACCIDENT

REPORT OF INJURED MEMBER

Name of department EPHRATA FIRE DEPARTMENT Date of Accident _____

Name of injured member _____ Birthdate _____ M F

Address of member _____ Phone # _____

Regular occupation _____ Social Security Number _____

Single Married Full Name of Spouse _____

Children under 18 supported by you:

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Activity at the time of the accident:

- | | | | | |
|---|--------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Responding to: | <input type="checkbox"/> At scene: | <input type="checkbox"/> Returning from: | <input type="checkbox"/> Training: | <input type="checkbox"/> Other activity: |
| <input type="checkbox"/> aid call | <input type="checkbox"/> aid call | <input type="checkbox"/> aid call | <input type="checkbox"/> at academy | _____ |
| <input type="checkbox"/> fire | <input type="checkbox"/> fire | <input type="checkbox"/> fire | <input type="checkbox"/> at station | _____ |
| <input type="checkbox"/> patrol | <input type="checkbox"/> patrol | <input type="checkbox"/> patrol | <input type="checkbox"/> at live fire | _____ |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ | _____ |

Describe the accident in full: _____

I hereby authorize any hospital, physician or other person who has attended me or examined me to furnish to Board for Volunteer Firefighters and Reserve Officers any and all information with respect to any accident or illness, medical history, consultation, prescriptions or treatment, and copies of hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Witness: **X** _____ **SIGN HERE X** _____ Date: _____
(Injured member sign in ink)

REPORT OF CHIEF OR SHERIFF

Name of chief or sheriff FIRE CHIEF JEREMY R. BURNS Officer in charge _____

How can such injuries be prevented? _____

Did member lose time from regular work? Yes No Hospitalized? Yes No

Date of accident _____ Time of accident _____ Location of accident _____

Has the injured been registered as required by the Volunteer Firefighters' & Reserve Officers' Relief Act? Yes No

Did the injury occur as a result of a mobilization? Yes No

X _____ **X** _____
(Signature of Chief or Sheriff) (Signature of officer in charge)

REPORT OF PHYSICIAN

Date physician called _____ Time physician called _____

Describe in full the extent of injury _____

Estimate time loss, if any _____ **X** _____
(Signature of attending physician)

REPORT OF LOCAL BOARD OF TRUSTEES

Date claim filed _____ Date of hearing by local board _____

Date claim granted _____ Date claim rejected _____

X _____ **X** _____
(Chair of local board) (Secretary of Local Board)

Please keep a copy of this form for your records and send the original to BVFF, PO Box 114, Olympia, WA 98507.



EPHRATA FIRE DEPARTMENT

ATTENTION HEALTHCARE PROVIDER AND BILLING STAFF

**Please DO NOT report this injury to the Department of Labor & Industries
as this will delay payment.**

Our volunteer firefighters are covered by The Board for Volunteer Firefighters and Reserve Officers (established in RCW 41.24), which is the L&I-like state agency, that provides coverage for volunteer firefighters and reserve officers hurt in the line of duty.

All billing statements (HCFA forms) and accompanying reports should be sent to:

Misty Fairchild, Administrative Assistant
Ephrata Fire Department
800 A St SE
Ephrata, WA 98823-2200
509-754-4666 / mfairchild@ephrata.org

Once bills are received, a local board of trustees will meet to approve payment and submit the bills to The State Board for Volunteer Firefighters and Reserve Officers for payment according to the L & I fee schedule. This process can take up to a month after your bill has been received at our department.

Any requests for procedure pre-approval should also be made through the above contact. Please be aware that only L & I approved treatments can be allowed and that we will adhere to their guidelines regarding reports and payment.

If you have any questions, please call me at 509-754-4666.

Sincerely,

EPHRATA FIRE DEPARTMENT
Misty Fairchild for
CHIEF JEREMY R. BURNS