



DCAM-RISK MGMT P.O. BOX 53364 OKLAHOMA CITY, OK 73152 TEL: 405/521-4999, FAX: 405/522-4442 EMAIL: fdip@omes.ok.gov

Incident Date _____ Time _____ Claim Number: _____

Employee Name _____ Job Title: _____

Fire Dept Name _____ Fire Dept # _____

Division or Dept _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type of Employment: Full Time Temporary Volunteer Contract

Who Authorized This Specific Duty? _____

Was employee aware of incident? Yes No

Please describe in detail what specific duty was being performed at the time of the incident.

Employee Signature

Supervisor Signature

Employee Name Printed

Supervisor Name Printed

Date

Date