



FIRE PROTECTION BUREAU - LICENSING SECTION

PO Box 42600

Olympia WA 98504-2600

(360) 596-3946 FAX: (360) 596-3934

E-Mail: Fireworks@wsp.wa.gov



FIREWORKS INJURY/FIRE REPORT – Reporting Year _____

Section A – Reporting Agency Information: <input type="checkbox"/> Fire Department <input type="checkbox"/> Fire District <input type="checkbox"/> Hospital			
Agency Name		FDID Number	Phone ()
Name of Person Completing This Report		Title	Phone No. (if different than above) ()
Section B – Incident Information: <input type="checkbox"/> This agency has no fireworks-related incidents to report.			
<input type="checkbox"/> Fire <input type="checkbox"/> Injury <input type="checkbox"/> Fire and Injury <input type="checkbox"/> False Alarm			
Location of Incident		City	County
Date / /2011	Time (24 Hour)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age Adult Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
Did the jurisdiction have restrictions on the sale and discharge of fireworks?			
Sale: <input type="checkbox"/> Banned <input type="checkbox"/> Restricted <input type="checkbox"/> Use State Law Discharge: <input type="checkbox"/> Banned <input type="checkbox"/> Restricted <input type="checkbox"/> Use State Law			
Section C – Injury Incident Details: <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/> None – No Patient			
Location <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Foot/Leg <input type="checkbox"/> Torso <input type="checkbox"/> Head			
Type of Injury <input type="checkbox"/> 1st Degree Burn <input type="checkbox"/> 2nd Degree Burn <input type="checkbox"/> 3rd Degree Burn <input type="checkbox"/> Trauma <input type="checkbox"/> Amputation <input type="checkbox"/> Fatality <input type="checkbox"/> Fatality – Follow-up Report			
<input type="checkbox"/> Patient Not Transported <input type="checkbox"/> Patient Transported - Hospital:			
Cause of Injury - Check below or <input type="checkbox"/> Other (please explain):			
<input type="checkbox"/> Tampering with fireworks <input type="checkbox"/> Duds-relighting or handling		<input type="checkbox"/> Leaning over fireworks <input type="checkbox"/> Unsafe surface for lighting	
		<input type="checkbox"/> Throwing fireworks <input type="checkbox"/> Holding fireworks in hands	
Section D – Fire Incident Details: <input type="checkbox"/> Fire <input type="checkbox"/> False Alarm/Good Intent/Service Call			
Type of Fire Response: <input type="checkbox"/> Wildland/Vegetation <input type="checkbox"/> Residential Structure <input type="checkbox"/> Vehicle <input type="checkbox"/> Commercial <input type="checkbox"/> School <input type="checkbox"/> Other:			
Fire Cause: <input type="checkbox"/> Unintentional <input type="checkbox"/> Malicious Estimated Dollar Loss: \$			
If malicious, was there a criminal arson investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section E – Device Information:			
<input type="checkbox"/> State Legal <input type="checkbox"/> Novelty <input type="checkbox"/> Ground Spinners <input type="checkbox"/> Cones/Fountains <input type="checkbox"/> Smoke Item <input type="checkbox"/> Smoke Item <input type="checkbox"/> Multi-Aerial <input type="checkbox"/> Roman Candle <input type="checkbox"/> Sparklers <input type="checkbox"/> Helicopter <input type="checkbox"/> Wheel	<input type="checkbox"/> Federally Legal; Legal on Tribal Land <input type="checkbox"/> Firecrackers <input type="checkbox"/> Silver Salutes <input type="checkbox"/> Missiles <input type="checkbox"/> Bottle Rockets <input type="checkbox"/> Other:	<input type="checkbox"/> Explosive <input type="checkbox"/> M-80 <input type="checkbox"/> M-100 or Larger <input type="checkbox"/> Tennis Ball <input type="checkbox"/> Homemade Device <input type="checkbox"/> Altered Firework <input type="checkbox"/> Pipe Bomb <input type="checkbox"/> Cherry Bomb <input type="checkbox"/> Public Display Mortars <input type="checkbox"/> Other:	<input type="checkbox"/> Purchased From: <input type="checkbox"/> Retail Stand <input type="checkbox"/> Tribal Stand <input type="checkbox"/> Out of State <input type="checkbox"/> Unknown <input type="checkbox"/> Other:
Comments:			

When completed, please return to the Fire Protection Bureau at the address above or send the form electronically to the e-mail address above.