



FIRE FATALITY REPORT FORM

OFFICE OF THE STATE FIRE MARSHAL

VICTIM INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP CODE
AGE	DATE OF BIRTH	GENDER

LOCATION

INCIDENT DATE	TIME OF DAY	INCIDENT NUMBER	
INCIDENT ADDRESS			
CITY	STATE	ZIP CODE	
AUTHORITY HAVING JURISDICTION	FIRE DEPARTMENT ID NUMBER (NFIRS)	COUNTY	REGION
REPORTING AGENCY	REPORTING PERSON	PHONE	
OCCUPANCY: RENTED: <input type="checkbox"/> YES <input type="checkbox"/> NO OWNED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DOLLAR LOSS:		

INCIDENT INFORMATION

ORIGIN OF IGNITION <input type="checkbox"/> INTENTIONAL <input type="checkbox"/> UNINTENTIONAL <input type="checkbox"/> FAILURE OF EQUIPMENT OR HEAT SOURCE <input type="checkbox"/> ACT OF NATURE <input type="checkbox"/> CAUSE UNDER INVESTIGATION <input type="checkbox"/> CAUSE UNDETERMINED AFTER INVESTIGATION	SOURCE OF IGNITION <input type="checkbox"/> CANDLE <input type="checkbox"/> CHILD WITH ACCESS TO IGNITION DEVICE <input type="checkbox"/> COOKING <input type="checkbox"/> DRUG MANUFACTURING / LAB <input type="checkbox"/> ELECTRICAL DISTRIBUTION <input type="checkbox"/> ELECTRICAL APPLIANCE <input type="checkbox"/> OTHER: <input type="checkbox"/> FIREWORKS <input type="checkbox"/> HOME HEATING <input type="checkbox"/> SMOKING <input type="checkbox"/> VEHICLE COLLISION <input type="checkbox"/> UNDETERMINED HEAT SOURCE
HUMAN FACTORS <input type="checkbox"/> ASLEEP <input type="checkbox"/> POSSIBLY IMPAIRED BY ALCOHOL OR DRUGS <input type="checkbox"/> UNATTENDED OR UNSUPERVISED PERSON <input type="checkbox"/> POSSIBLY MENTALLY DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> MULTIPLE PERSONS INVOLVED <input type="checkbox"/> AGE WAS A FACTOR <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE	FEATURES OF FIRE PROTECTION SMOKE ALARM/DETECTORS: <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OPERATIONAL <input type="checkbox"/> NOT OPERATIONAL <input type="checkbox"/> UNKNOWN POWER SOURCE <input type="checkbox"/> BATTERY OPERATED <input type="checkbox"/> HARD WIRED FIRE SPRINKLERS: <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> ACTIVATED <input type="checkbox"/> NOT ACTIVATED

OCCUPANCY TYPE (International Building Code) <input type="checkbox"/> A-1 <input type="checkbox"/> F-1 <input type="checkbox"/> I-1 <input type="checkbox"/> R-2 <input type="checkbox"/> A-2 <input type="checkbox"/> F-2 <input type="checkbox"/> I-2 <input type="checkbox"/> R-3 <input type="checkbox"/> A-2.1 <input type="checkbox"/> H-1 <input type="checkbox"/> I-3 <input type="checkbox"/> R-4 <input type="checkbox"/> A-3 <input type="checkbox"/> H-2 <input type="checkbox"/> I-4 <input type="checkbox"/> S-1 <input type="checkbox"/> A-4 <input type="checkbox"/> H-3 <input type="checkbox"/> LC <input type="checkbox"/> S-2 <input type="checkbox"/> A-5 <input type="checkbox"/> H-4 <input type="checkbox"/> M <input type="checkbox"/> U-1 <input type="checkbox"/> B <input type="checkbox"/> H-5 <input type="checkbox"/> R-1 <input type="checkbox"/> U-2 <input type="checkbox"/> E	FOR ASSISTANCE COMPLETING THIS SECTION CALL NUMBER LISTED BELOW OTHER <input type="checkbox"/> VEHICLE <input type="checkbox"/> OUTSIDE
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NARRATIVE/CIRCUMSTANCES:

REMIT INFORMATION WITHIN 48-HR WRITTEN NOTIFICATION ♦ 48-HR VERBAL NOTIFICATION

RETURN: ATTENTION: MELISSA GANNIE • PO BOX 42600 • OLYMPIA WA 98504-2600
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