



FIRE PROTECTION BUREAU – LICENSING SECTION

PO Box 42642

Olympia WA 98504-2642

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FIRE FATALITY REPORT

Reporting Agency

Agency Name, Phone, Reporting Person, Title, E-Mail Address

Victim Information

Name, Gender, Date of Birth, Cause of Death, Date of Fatality

Incident Information

Date of Fire, Time of Day, Incident Number, Incident Address, City, County, ZIP

Occupancy, Dollar Loss

Occupancy Type, Origin of Ignition, Human Factors

Source of Ignition, Smoke Alarm/Detectors, Power Source, Fire Sprinklers

Narrative/Circumstances

Attach additional narrative sheets, as needed

REMIT INFORMATION IN WRITING OR VERBALLY WITHIN 48 HOURS TO THE E-MAIL, FAX NUMBER, OR ADDRESS LISTED ABOVE.