**FIRE FATALITY REPORT**

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| --- | --- | --- | --- |
| **Reporting Agency** | | | |
| **Agency Name** | | | **Phone** |
|  | | | (     ) |
| **Reporting Person** | **Title** | **E-Mail Address** | |
|  |  |  | |

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| --- | --- | --- | --- | --- |
| **Victim Information** | | | | |
| **Name (First Name, Middle Initial, Last Name)** | | **Gender** | **Age** | **Date of Birth** |
|  | | Male  Female |  |  |
| **Cause of Death** | | | | **Date of Fatality** |
| Smoke Inhalation  Thermal Burns  Other: |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Fire** | | | | | **Time of Day** | | | | | | | | | | | | **Incident Number** | | | | | | | | | | | | | |
|  | | | | | a.m.  p.m. | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Incident Address** | | | | | | | | | | | | | | | | **City** | | | | | | **County** | | | | | **ZIP** | | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | |
| **Occupancy** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Dollar Loss** | | | |
| Rented  Owned  Other: | | | | | | | | |  | | | | | | | | | | | | | | | | | | $ | | | |
| **Occupancy Type (check all that apply)** | | | | | | | | | | | | **Origin of Ignition** | | | | | | | | | | **Human Factors (check all that apply)** | | | | | | | | |
|  |  | |  | | |  | | | | | |  |  | | | | | | | | |  | | | |  | | | | |
|  | Single Family Dwelling | |  | | | Business/Church | | | | | |  | Intentional | | | | | | | | |  | | | | Asleep | | | | |
|  | Multi-Family Dwelling | |  | | | Detached Garage/Shed | | | | | |  | Unintentional | | | | | | | | |  | | | | Unconscious | | | | |
|  | Manufactured Home | |  | | | Recreational Vehicle | | | | | |  | Act of Nature | | | | | | | | |  | | | | Possibly Impaired by Alcohol/Drugs | | | | |
|  | Duplex | |  | | | Vehicle | | | | | |  | Cause Undetermined | | | | | | | | |  | | | | Unattended/Unsupervised Person | | | | |
|  | Townhouse | |  | | | Outdoor | | | | | |  | Cause Under Investigation\* | | | | | | | | |  | | | | Possibly Mentally Disturbed | | | | |
|  | Hotel/Motel | |  | | |  | | | | | |  | \* Please provide final outcome  report to State Fire Marshal’s  Office | | | | | | | | |  | | | | Physically Disabled | | | | |
|  |  | |  | | |  | | | | |  |  |  | | | | Age Was a Factor | | | | |
|  | Other: |  | | | | | | | | |  |  |  | | | | Homicide | | | | |
|  |  | | |  | | |  | | | | |  |  | | | | | | | | |  | | | | Suicide | | | | |
|  |  | | |  | | |  | | | | |  |  | | | | | | | | |  | | | |  | | | | |
| **Source of Ignition** | | | | | | | | | | | | | | | | | **Smoke Alarm/Detectors (check all that apply)** | | | | | | | | | | | | | |
|  |  | | | | | | |  | |  | | | | | | |  |  | | |  | |  | | | | |  | |  |
|  | Candle | | | | | | |  | | Fireworks | | | | | | | **Part 1:** | | Present | | | | | Not Present | | | | | Unknown | |
|  | Child With Access to Ignition Device | | | | | | |  | | Home Heating | | | | | | | **Part 2:** | | Operational | | | | | Not Operational | | | | | Unknown | |
|  | Cooking | | | | | | |  | | Vehicle Collision | | | | | | |  | | | | | | | | | | | | | |
|  | Drug Manufacturing/Lab | | | | | | |  | | Undetermined Heat Source | | | | | | | **Power Source** | | | | | | | | | | | | | |
|  | Electrical Appliance | | | | | | |  | | Smoking | | | | | | |  | | Battery Operated | | | | | Hard Wired | | | | | Unknown | |
|  | Electrical Distribution | | | | | | |  | | Brand of cigarette, if known: | | | | | | |  | |  | | | | |  | | | | |  | |
|  |  | | | | | | |  | |  | | | |  | | | **Fire Sprinklers (check all that apply)** | | | | | | | | | | | | | |
|  | Other: |  | | | | | | | | | | | | |  | | **Part 1:** | | | Present | | | | | Not Present | | | | |  |
|  |  | | |  | | |  | | | | | | | | | | **Part 2:** | | | Activated | | | | | Not Activated | | | | |  |

|  |  |
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| **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.** | |