**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: |       |       |

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