FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION
PO Box 42642
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Fireworks@wsp.wa.gov

FIREWORKS INJURY REPORT

Reporting Agency

Agency Name		Phone
		( )
Name of Person Completing This Report	**Title**	**E-Mail Address**

Incident Information

Location of Incident	City	County

Incident Date	Time of Incident and/or Arrival Time at Medical Facility (24 Hour)	Mode of Arrival
	☐ Incident Time____:____ or ☐ Arrival Time ____:____	☐ POV ☐ EMS ☐ Unknown

Age	Gender	If under age 18, was an adult present when the injury occurred?
	☐ Male ☐ Female	☐ Yes ☐ No ☐ Unknown

Injury Information ☐ Treated and Released ☐ Admitted ☐ Transferred to:

Location of Injury (check all that apply)

- ☐ **Face/Head**: ☐ Hair ☐ Ears ☐ Eyes ☐ Nose ☐ Mouth ☐ Neck
- ☐ **Torso**: ☐ Abdomen ☐ Chest ☐ Back ☐ Shoulders ☐ Groin
- ☐ **Hand/Arm**: ☐ Fingers ☐ Wrist ☐ Palm ☐ Elbow ☐ Bicep
- ☐ **Foot/Leg**: ☐ Toe ☐ Ankle ☐ Calf ☐ Knee ☐ Thigh
- ☐ **Other:** ____________________

Type of Injury (check all that apply)

- ☐ **Burns** ☐ 1st ☐ 2nd ☐ 3rd Degree
- ☐ **Abrasion/Contusion**
- ☐ **Amputation/Avulsion**
- ☐ **Hearing/Sight Loss**
- ☐ **Internal Organ Injury**
- ☐ **Laceration**
- ☐ **Other:** ____________________
  (e.g., fatality, fracture, hematoma, hemorrhage, nerve damage, smoke inhalation, etc.)

Cause of Injury (check all that apply)

- ☐ **Holding Fireworks**
- ☐ **Lighting/Relighting**
- ☐ **Unsafe Surface for Lighting**
- ☐ **Leaning Over Fireworks**
- ☐ **Too Close; Hit by Fireworks Debris**
- ☐ **Firework Malfunction**
- ☐ **Other:** ____________________

Contributing Risk Factors at the Time of Injury (check all that apply)

- ☐ **Alcohol**
- ☐ **Drugs of Abuse**
- ☐ **Unknown**
- ☐ **Other:** ____________________

Device Information

Select the involved device(s) from the categories below. If device name is known, list in the comments section.

STATE LEGAL		FEDERALLY LEGAL	EXPLOSIVE
☐ Aerial Shell/Mortar	☐ Punk	☐ Bottle Rocket	☐ Altered Firework
☐ Cake/Multi-Aerial	☐ Roman Candle	☐ Firecracker/Chaser	☐ Cannon
☐ Cone/Fountain	☐ Smoke Item	☐ Missile/Rocket	☐ Cherry Bomb
☐ Flying Spinner	☐ Snake/Strobe	☐ Other: ____________	☐ M-80's, etc.
☐ Ground Spinner	☐ Sparkler		☐ Pipe Bomb
☐ Novelty	☐ Wheel		☐ Public Display Mortar
☐ Parachute			☐ Sparkler Bomb
☐ Other: ____________			☐ Other: ____________

Comments – Product Name if known

SUBMIT COMPLETED REPORT **ELECTRONICALLY**, BY **FAX**, OR BY **MAIL**
TO THE E-MAIL, FAX NUMBER, OR ADDRESS LISTED ABOVE.

3000-420-252 (R 4/21)