

Basic Fireworks Incident Report

Reporting County: _____
Date of Incident: _____ Incident Number: _____

Type of Incident: Fire EMS Other: _____

If Fire, What Type: Structure Vehicle Field/Brush Other: _____

Fire Department / EMS Data

Agency Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Contact Person: _____

Incident Data

Location: _____ City: _____ Zip: _____
Owner/Occupant Name: _____ Phone: _____
Fire Loss (\$): _____
Property Damage Description: _____

Injury/Fatality Data

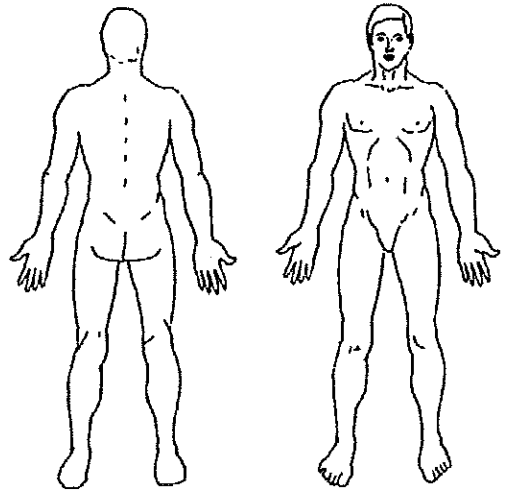
Complete Additional Forms for Multiple Casualties

Civilian Injury Firefighter Injury Civilian Fatality Firefighter Fatality

Victims Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Victims Age: _____ Sex: _____

Extent of Injuries (Check All That Apply)

1st Degree Burn %: _____
2nd Degree Burn %: _____
3rd Degree Burn %: _____
Abrasions/Contusions _____
Fracture Lacerations
Loss of Sight: Partial Total
Dismemberment Death
Other: _____



Reason for Injury

Victim Held
Device

Victim in Vicinity
of Device

Device
Thrown

Other: _____

Type of Fireworks

Firecracker

Bottle Rocket

Aerial Burst

Spinner

Fountain

Sparkler

Smoke Bomb

Roman Candle

Other: _____

Cost Factor

Number of Engines _____ Trucks _____ Squads _____ Tankers _____

Responding: Cars _____ Aircraft _____ Other: _____

Estimated total cost to your department for this response: _____

Circumstances Surrounding the Incident:

Signature

Date

Send to the Fire Marshal at the Fire Prevention Bureau.