



## FIREWORKS FIRE REPORT

### Reporting Agency

<b>Agency Name</b>		<b>Phone</b> (    )
<b>Name of Person Completing This Report</b>	<b>Title</b>	<b>E-Mail Address</b>

### Incident Information

 NFIRS Incident No.:

 FDID:

<b>Incident Address</b>		<b>City</b>	<b>County</b>
<b>Incident Date</b>	<b>Time (24 Hour)</b> ____:____	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age</b>
<b>If under age 18, was an adult present when the fire occurred?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

### Fire Incident Details

<b>Type of Fire Response</b>					
<input type="checkbox"/> Vegetation	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> School/Grounds	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Other:					
<b>Fire Cause</b>					
<input type="checkbox"/> Unintentional	<input type="checkbox"/> Intentional	<input type="checkbox"/> Undetermined	Estimated Dollar Loss: \$		

### Device Information

 Confirmed

 Suspected

Please select the involved device(s) from the categories below.

STATE LEGAL	FEDERALLY LEGAL	EXPLOSIVE
<input type="checkbox"/> Aerial Shell/Mortar	<input type="checkbox"/> Bottle Rocket	<input type="checkbox"/> Altered Firework
<input type="checkbox"/> Cake/Multi-Aerial	<input type="checkbox"/> Firecracker/Chaser	<input type="checkbox"/> Cannon
<input type="checkbox"/> Cone/Fountain	<input type="checkbox"/> Missile/Rocket	<input type="checkbox"/> Cherry Bomb
<input type="checkbox"/> Flying Spinner	<input type="checkbox"/> Other:	<input type="checkbox"/> M-80's, etc.
<input type="checkbox"/> Ground Spinner	_____	<input type="checkbox"/> Pipe Bomb
<input type="checkbox"/> Novelty		<input type="checkbox"/> Public Display Mortar
<input type="checkbox"/> Parachute		<input type="checkbox"/> Sparkler Bomb
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:
_____		_____

<b>Comments</b>
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SUBMIT COMPLETED REPORT **ELECTRONICALLY**, BY **FAX**, OR BY **MAIL**  
TO THE E-MAIL, FAX NUMBER, OR ADDRESS LISTED ABOVE.