



**FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION
PO Box 42642
Olympia WA 98504-2642
(360) 596-3946 FAX: (360) 596-3934
E-mail: NFIRS@WSP.WA.GOV**



FIRE FATALITY REPORT

Reporting Agency

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

Victim Information

Name (First Name, Middle Initial, Last Name)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Cause of Death <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Thermal Burns <input type="checkbox"/> Other:			Date of Fatality

Incident Information

Date of Fire	Time of Day <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	NFIRS Incident No./Incident No.		
Incident Address		City	County	ZIP
Occupancy <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Other:				Dollar Loss \$

Occupancy Type (check all that apply)		Cause of Ignition	Human Factors (check all that apply)
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Business/Church	<input type="checkbox"/> Intentional	<input type="checkbox"/> Asleep
<input type="checkbox"/> Multi-Family Dwelling	<input type="checkbox"/> Detached Garage/Shed	<input type="checkbox"/> Unintentional	<input type="checkbox"/> Unconscious
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Recreational Vehicle	<input type="checkbox"/> Failure of Equipment or Heat Source	<input type="checkbox"/> Possibly Impaired by Alcohol/Drugs
<input type="checkbox"/> Duplex	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Act of Nature	<input type="checkbox"/> Unattended/Unsupervised Person
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Cause Undetermined	<input type="checkbox"/> Possibly Mentally Disturbed
<input type="checkbox"/> Hotel/Motel		<input type="checkbox"/> Cause Under Investigation*	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> Other: _____		* Please provide final outcome report to State Fire Marshal's Office	<input type="checkbox"/> Homicide
			<input type="checkbox"/> Suicide

Smoke Alarm/Detectors (check all that apply)			Fire Sprinklers (check all that apply)			
Part 1:	<input type="checkbox"/> Present	<input type="checkbox"/> Not Present	<input type="checkbox"/> Unknown	Part 1:	<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
Part 2:	<input type="checkbox"/> Operational	<input type="checkbox"/> Not Operational	<input type="checkbox"/> Unknown	Part 2:	<input type="checkbox"/> Activated	<input type="checkbox"/> Not Activated
Power Source						
	<input type="checkbox"/> Battery Operated	<input type="checkbox"/> Hard Wired	<input type="checkbox"/> Unknown			

Area of Origin	
Code	Description
Heat Source	
Code	Description

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.