



FIREWORKS FIRE REPORT

Reporting Agency

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

Incident Information

 NFIRS Incident No.:

 FDID:

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

Fire Incident Details

Type of Fire Response

Vegetation
 Single Family
 Multi-Family
 Commercial
 School/Grounds
 Vehicle
 Other:

Fire Cause

Unintentional
 Intentional
 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"/> Cake/Multi-Aerial <input type="checkbox"/> Cone/Fountain <input type="checkbox"/> Flying Spinner <input type="checkbox"/> Ground Spinner <input type="checkbox"/> Novelty <input type="checkbox"/> Parachute <input type="checkbox"/> Other: _____	<input type="checkbox"/> Punk <input type="checkbox"/> Roman Candle <input type="checkbox"/> Smoke Item <input type="checkbox"/> Snake/Strobe <input type="checkbox"/> Sparkler <input type="checkbox"/> Wheel <input type="checkbox"/> Bottle Rocket <input type="checkbox"/> Firecracker/Chaser <input type="checkbox"/> Missile/Rocket <input type="checkbox"/> Other: _____	<input type="checkbox"/> Altered Firework <input type="checkbox"/> Cannon <input type="checkbox"/> Cherry Bomb <input type="checkbox"/> M-80's, etc. <input type="checkbox"/> Pipe Bomb <input type="checkbox"/> Public Display Mortar <input type="checkbox"/> Sparkler Bomb <input type="checkbox"/> Other: _____

Comments

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