FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION
PO Box 42642
Olympia WA 98504-2642
(360) 596-3946 FAX: (360) 596-3934
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.