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

REPORTING ILLEGAL MANUFACTURING, STORAGE, OR SALES OF FIREWORKS/EXPLOSIVES

Type of Activity Reporting: ☐ Illegal Manufacturing ☐ Illegal Storage ☐ Illegal Sales			
Person reporting the information			**E-Mail address**
Address			☐ Requesting anonymity ☐ Requesting not to be contacted ☐ Contact (before) (after) _____:_____ (a.m.) (p.m.)
City, state & Zip			**Phone (☐ Work ☐ Home ☐ Cell)**
Date of incident	**Time of day** (a.m.) (p.m.)	**Did the sale occur on Tribal lands? ☐ Yes ☐ No** **If yes, which Reservation? (if known)**	
Place or location where sales took/take place			**City or county name**
Type of illegal 1.3 explosive or homemade explosive being sold (Please be as specific as possible and send a picture if possible)			
Number of items being sold	**Price of items**	**Did you purchase any of the items? ☐ Yes ☐ No** **Do you still have them? ☐ Yes ☐ No** **Were items still available for sale? ☐ Yes ☐ No**	
Person(s) involved in sale of illegal explosives (if known)			
Company name or name of person selling items	**Explosives being sold from: ☐ Fireworks Stand ☐ Home ☐ Car ☐ Other**		
Address (☐ Company ☐ Person) (include apartment # or suite # if known)			**Phone (if applicable) (☐ Work ☐ Home ☐ Cell)**

Description of person # 1		**Description of person # 2**	
Name		**Name**	
Sex	**Age**	**Sex**	**Age**
Height	**Weight**	**Height**	**Weight**
Hair	**Eyes**	**Hair**	**Eyes**
Scars/Tattoos		**Scars/Tattoos**	
Clothing		**Clothing**	

Description of vehicle (if applicable)	
License plate number	**License State**
Color	**Year (if unknown, is it newer/older?)**
Make (Ford, Dodge, Chevrolet)	**Model (2 door, 4 door, pickup, SUV)**

Submit information to local law enforcement agency, State Fire Marshal's Office (Fireworks@wsp.wa.gov), or to the Washington State Fusion Center (intake@wsfc.wa.gov).