



# FIRE CASUALTY REPORT

FIRE SECTION SAFETY DIVISION

IN ACCORDANCE WITH STANDARD FOR FIRE REPORTING PROCEDURES (N.W.T.) A SEPARATE REPORT SHALL BE SUBMITTED FOR EACH FIRE CASUALTY (DEATH OR INJURY) MAIL REPORT TO: FIRE SECTION SAFETY DIVISION, GOVERNMENT OF N.W.T., YELLOWKNIFE, N.W.T.

DEPARTMENT <b>FIRE</b>	DATE OF FIRE	DAY OF WEEK	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	ADDRESS OF FIRE
NAME OF VICTIM		AGE	SEX	
VICTIM <input type="checkbox"/> DEATH <input type="checkbox"/> LIGHT INJURY <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> SERIOUS INJURY			STATUS <input type="checkbox"/> FIREFIGHTER <input type="checkbox"/> CIVILIAN	

### CIRCUMSTANCES CONTRIBUTING TO FIRE CASUALTY

PLACE A CHECK (✓) IN THE BOX ADJACENT TO THE ITEM MOST APPLICABLE IN EACH OF THE SECTIONS BELOW. WHERE MORE THAN ONE ITEM IN ANY ONE SECTION IS APPLICABLE, CHECK ONLY THAT WHICH IS MOST SIGNIFICANT.

**CONDITION OF CASUALTY AT TIME OF FIRE (CHECK ONE BOX ONLY)**

<input type="checkbox"/> LEFT UNATTENDED (CHILD)	<input type="checkbox"/> UNDER RESTRAINT OR DETENTION
<input type="checkbox"/> ASLEEP AT TIME OF FIRE	<input type="checkbox"/> TOO YOUNG TO ACT
<input type="checkbox"/> BEDRIDDEN OR OTHER PHYSICAL OR MENTAL HANDICAP	<input type="checkbox"/> SENILE
<input type="checkbox"/> IMPAIRMENT BY ALCOHOL	<input type="checkbox"/> CONDITION OF CASUALTY - UNCLASSIFIED
<input type="checkbox"/> IMPAIRMENT BY DRUGS	<input type="checkbox"/> CONDITION OF CASUALTY - UNKNOWN

**TYPE OF FABRIC OR MATERIAL IGNITED (CHECK ONE BOX ONLY)**

<input type="checkbox"/> COTTON	<input type="checkbox"/> RUBBER
<input type="checkbox"/> WOOL	<input type="checkbox"/> PLASTIC FOAM
<input type="checkbox"/> OTHER NATURAL FIBRE	<input type="checkbox"/> TYPE OF FABRIC OR MATERIAL IGNITED - UNCLASSIFIED
<input type="checkbox"/> OTHER SYNTHETIC FIBRE	<input type="checkbox"/> TYPE OF FABRIC OR MATERIAL IGNITED - UNKNOWN
<input type="checkbox"/> MIXTURE OF FIBRES	

**ACTION OF CASUALTY AT TIME OF FIRE (CHECK ONE BOX ONLY)**

<input type="checkbox"/> INJURED WHILE TRYING TO ESCAPE	<input type="checkbox"/> LOSS OF JUDGEMENT, PANIC
<input type="checkbox"/> OVER EXERTION, HEART ATTACK, ETC.	<input type="checkbox"/> RECEIVED DELAYED WARNING
<input type="checkbox"/> VOLUNTARILY ENTD OR REMAINED FOR RESCUE	<input type="checkbox"/> ACTION OF CASUALTY AT TIME OF FIRE - UNCLASSIFIED
<input type="checkbox"/> VOLUNTARILY ENTD OR REMAINED FOR FIRE FIGHTING	<input type="checkbox"/> ACTION OF CASUALTY AT TIME OF FIRE - UNKNOWN
<input type="checkbox"/> VOLUNTARILY ENTD OR REMAINED TO SAVE PERSONAL PROPERTY	

**CAUSE OF FAILURE TO ESCAPE (CHECK ONE BOX ONLY)**

<input type="checkbox"/> INSUFFICIENT WARNING DETECTORS, BELLS	<input type="checkbox"/> BUILDING COLLAPSE
<input type="checkbox"/> TRAPPED BY: RAPID SPREAD OF FIRE/SMOKE THROUGH VERTICAL OPENINGS: STAIRWAYS; ELEVATORS	<input type="checkbox"/> FALLING DEBRIS
<input type="checkbox"/> TRAPPED BY: RAPID SPREAD OF FIRE/SMOKE THROUGH HORIZONTAL OPENINGS	<input type="checkbox"/> EXPLOSION
<input type="checkbox"/> HIGH FLAME SPREAD OF COMBUSTIBLE INTERIOR	<input type="checkbox"/> EXIT BLOCKED, LOCKED OR OBSTRUCTED
<input type="checkbox"/> FINISH OF WALLS OR CEILINGS	<input type="checkbox"/> OUTDOOR FIRE INCLUDES FOREST/BUSH FIRE
	<input type="checkbox"/> CAUSE OF FAILURE TO ESCAPE - UNCLASSIFIED
	<input type="checkbox"/> CAUSE OF FAILURE TO ESCAPE - UNKNOWN

**IGNITION OF CLOTHING OR OTHER FABRICS (CHECK ONE BOX ONLY)**

<input type="checkbox"/> OUTER CLOTHING	<input type="checkbox"/> MATTRESS OR PILLOW
<input type="checkbox"/> SLEEPWEAR	<input type="checkbox"/> UPHOLSTERED FURNITURE
<input type="checkbox"/> UNDERCLOTHING	<input type="checkbox"/> IGNITION OF CLOTHING OR FABRICS - UNCLASSIFIED
<input type="checkbox"/> COSTUME	<input type="checkbox"/> TYPE OF FABRIC OR MATERIAL IGNITED - UNKNOWN
<input type="checkbox"/> BEDDING AND BED LINEN	

**REMARKS**

REPORTED BY	POSITION DEPARTMENT	DATE
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