



**FIRE PROTECTION BUREAU  
PREVENTION DIVISION  
PO Box 42600  
Olympia WA 98504-2600  
(360) 596-3903 FAX: (360) 596-3934**



**FIRE FATALITY REPORT – CONFIDENTIAL**

**VICTIM INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP CODE
AGE	DATE OF BIRTH	GENDER

**LOCATION**

INCIDENT DATE	TIME OF DAY	INCIDENT NUMBER	
INCIDENT ADDRESS			
CITY	STATE	ZIP CODE	
AUTHORITY HAVING JURISDICTION	FIRE DEPT. ID NUMBER	COUNTY	REGION
REPORTING AGENCY	REPORTING PERSON	PHONE	
OCCUPANCY: <input type="checkbox"/> RENTED <input type="checkbox"/> OWNED			DOLLAR LOSS:

**INCIDENT INFORMATION**

<b>ORIGIN OF IGNITION</b> <input type="checkbox"/> INTENTIONAL <input type="checkbox"/> UNINTENTIONAL <input type="checkbox"/> FAILURE OF EQUIPMENT OR HEAT SOURCE <input type="checkbox"/> ACT OF NATURE <input type="checkbox"/> CAUSE UNDER INVESTIGATION <input type="checkbox"/> CAUSE UNDETERMINED AFTER INVESTIGATION	<b>SOURCE OF IGNITION</b> <input type="checkbox"/> CANDLE <input type="checkbox"/> CHILD WITH ACCESS TO IGNITION DEVICE <input type="checkbox"/> COOKING <input type="checkbox"/> DRUG MANUFACTURING / LAB <input type="checkbox"/> ELECTRICAL DISTRIBUTION <input type="checkbox"/> ELECTRICAL APPLIANCE <input type="checkbox"/> OTHER:	<input type="checkbox"/> FIREWORKS <input type="checkbox"/> HOME HEATING <input type="checkbox"/> VEHICLE COLLISION <input type="checkbox"/> UNDETERMINED HEAT SOURCE <input type="checkbox"/> SMOKING FSC COMPLIANT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<b>HUMAN FACTORS</b> <input type="checkbox"/> ASLEEP <input type="checkbox"/> POSSIBLY IMPAIRED BY ALCOHOL OR DRUGS <input type="checkbox"/> UNATTENDED OR UNSUPERVISED PERSON <input type="checkbox"/> POSSIBLY MENTALLY DISTURBED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> MULTIPLE PERSONS INVOLVED <input type="checkbox"/> AGE WAS A FACTOR <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE	<b>FEATURES OF FIRE PROTECTION</b> SMOKE ALARM/DETECTORS: <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OPERATIONAL <input type="checkbox"/> NOT OPERATIONAL POWER SOURCE <input type="checkbox"/> BATTERY OPERATED <input type="checkbox"/> HARD WIRED FIRE SPRINKLERS <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> ACTIVATED <input type="checkbox"/> NOT ACTIVATED	

<b>OCCUPANCY TYPE (International Building Code)</b> <input type="checkbox"/> A-1 <input type="checkbox"/> F-1 <input type="checkbox"/> A-2 <input type="checkbox"/> F-2 <input type="checkbox"/> A-2.1 <input type="checkbox"/> H-1 <input type="checkbox"/> A-3 <input type="checkbox"/> H-2 <input type="checkbox"/> A-4 <input type="checkbox"/> H-3 <input type="checkbox"/> A-5 <input type="checkbox"/> H-4 <input type="checkbox"/> B <input type="checkbox"/> H-5 <input type="checkbox"/> E	FOR ASSISTANCE COMPLETING THIS SECTION, CALL NUMBER LISTED BELOW. <input type="checkbox"/> I-1 <input type="checkbox"/> R-2 <input type="checkbox"/> I-2 <input type="checkbox"/> R-3 <input type="checkbox"/> I-3 <input type="checkbox"/> R-4 <input type="checkbox"/> I-4 <input type="checkbox"/> S-1 <input type="checkbox"/> LC <input type="checkbox"/> S-2 <input type="checkbox"/> M <input type="checkbox"/> U-1 <input type="checkbox"/> R-1 <input type="checkbox"/> U-2	OTHER <input type="checkbox"/> VEHICLE <input type="checkbox"/> OUTSIDE
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NARRATIVE/CIRCUMSTANCES

REMIT INFORMATION IN WRITING OR VERBALLY WITHIN 48 HOURS.

**RETURN:** ATTN: LYSANDRA TREJO • FIRE PROTECTION BUREAU • PO BOX 42600 • OLYMPIA WA 98504-2600  
**CONTACT:** PHONE (360) 596-3929 • FAX (360) 596-3934 • E-MAIL lysandra.trejo@wsp.wa.gov