### Mississippi State Fire Marshal's Office

### **Civilian Fire Casualty Report**

Reporting Person Name:	Fire Date: F	ire Time (Military):	County:
Daytime phone: Reporting Fire Departm	nent:		
Type of Department: Career Volunt	eer Combination	Jurisdiction: City	y County
Scene Address:	Scene	e City:	Scene Zip:
# Injuries: # Deaths: Factors delayed	fire department arrival:	Yes 'No U	nknown
If a factor/factors delayed fire department an	rrival, what were they?		
Apartment (# Floors Ab Vehicle Outdoors	Touse (# Floors Above G pove Gr.) (# Flo Out building prick facade Block	r.) (# Floors I oors Below Gr.) Other Mobile home N/A	Below Gr.)
Building age: Less than 10 11 - 2	25 26 - 50 51 -	75 over 75 N	//A
Building condition: Poor Fair	Good N/A	Unknown	
Household income level: Household type: Under \$10,000 1 - 2 Famil \$10,000-\$25,000 Multi-Fam \$25,000-\$50,000 N/A \$50,000-\$100,000 Over \$100,000 Unknown N/A	ly Owner Occupie	d Cluttered	Fire codes: Yes No N/A

If building or rental codes were violated, please describe the violations.

Jtilities connected:	Furned on d	uring fire	e? Primary heating	source:		
Electricity	Yes	No	Gas furnace		Gas space	heater
Gas	Yes	No	Electric spa	ce heater Fireplace	-	
Water N/A	Yes	No	Other			N/A
Bars on windows:	Smokers i	n home	Fire sprinklers present:	Sprinklers operated:	Sprinklars	controlled fire
Yes	Yes		Yes	Yes	Yes	
No	No		No	No	No	
N/A	Unkn	own	N/A	N/A	N/A	
1 1/ / 1	N/A	lown	1 1/ 1 1		1 1/2 1	
Smoke alarms prese	ent: Alarm	s operabl	e: Type of power:	Alarms operated:		
Yes	Y	es	Battery	Yes		
No	No		Hardwire	No		
Unknown	U	nknown	Hardwire/battery	y bup Unknown		
N/A	"ו	J/A	Unknown N/A	N/A		
Reason for Alarm F	Failure:		If children were invol	ved in the fire please co	omplete the f	ollowing:
Battery Missing			Family Structure:			Children's Ag
Battery Unplugg	ged		Both natural paren	nts in home		
Battery Dead			Single mother			
Other			e	h other adult(s) in home		_ []
Unknown			Relation of adult(s):			
N/A			Single father			
			U	other adult(s) in home		_ []
			Relation of adult(s):			
			Grandparent(s) rai	sing grand child(ren)		[]
			Other			
			N/A			

Suicide/Homicide Attempt:	Suicide	Homicide	N/A	
Fire origin:				Fire floor:
Fire cause:				

#### Comments:

# <u>Injury</u>

Name:		Age:
Sex: Male Female Race: Black White Oth	er	
If under 18, was the injured child properly supervised ? Ye		]
Injured adult used alcohol prior to fire: Yes No Un	nknown N/A	
Injured adult used drugs prior to fire: Yes No Unk	nown N/A	
Injured child used alcohol prior to fire: Yes No Un	known N/A	
Injured child used drugs prior to fire: Yes No Unki	nown N/A	
Child's supervisor impaired by alcohol: Yes No U	Jnknown N/A	
Child's supervisor impaired by drugs: Yes No Un	known N/A	
Occupant type: Resident Visitor Other		N/A
Education Level: Pre-School Elementary Middle So Some College College degree Hig	6 6	
Disabilities\ Human Factors:		
Extent of Injuries:		
Patient Was Treated At:		
Scene Hospital Hospital Name:		
Fire Prevention Education: What Fire Prevention Education W	as Received:	
Yes No   Unknown N/A	lucation Received:	
Victim's Location at Time of Fire:	Room of Origin: Flo	oor:
Victim's Location at Time of Injury:	Room of Origin: Fla	oor:

#### <u>Injury</u>

Victim's Activity At Time Of In	njury:	Escaping	g Fighting F	Fire	Other	N/A
Escape efforts worsened fire:	Yes	No	Unknown	N/A		
If the victim's escape attempt we	orsened th	ne fire, ple	ease describe h	now:		 
Rescue efforts worsened fire:	Yes	No	Unknown	N/A		
If the rescue efforts worsened the fire, please describe how:						

Victim's first response to smoke alarm sounding:

Escape

Investigate

Rescue

Extinquish Fire

Other

Comments:

## <u>Death</u>

Name:		Age:
Sex: Male Female Race: Black White Oth	ar	
If under 18, was the deceased child properly supervised ? Ye		
1	nknown N/A	
Deceased adult used drugs prior to fire: Yes No Unk	nown N/A	
Deceased child used alcohol prior to fire: Yes No Un	known N/A	
Deceased child used drugs prior to fire: Yes No Unkn	nown N/A	
Child's supervisor impaired by alcohol: Yes No Un	known N/A	
Child's supervisor impaired by drugs: Yes No Unkn	nown N/A	
Occupant type: Resident Visitor Other		N/A
Education Level: Pre-School Elementary Middle Sch Some College College degree High	с с	
Disabilities\ Human Factors:		
Autopsy results:		
Fire Prevention Education: What received:		
Yes No Unknown N/A Where received:		
Pre-Fire Body location:	Room of Origin:	oor:
	Yes No Unknown	
Post-Fire Body location:	Room of Origin:	oor:
	Yes No Unknown	

#### **Death**

Escape efforts worsened fire: Yes No Unknown N/A If the victim's escape attempt worsened the fire, please describe how:

Rescue efforts worsened fire: Yes No Unknown N/A

If the rescue efforts worsened the fire, please describe how:

Victim's first response to smoke alarm sounding:

Escape

Investigate

Rescue

Extinguish Fire

Other

Comments: