



Casualty Report

Fire Dept.	Report Number			Date			Time	
	Form	Dept.	Year	Year	Month	Day	Hour	Min

CASUALTY NAME AND ADDRESS

CASUALTY NO.

STATUS

- Firefighter
- Occupant
- Non-Occupant (Bystander, passerby, etc.)

SEX

- Male
- Female

AGE

Years

CAUSE OF INJURY OR DEATH

- Smoke or Fire
- Explosion
- Falling Debris
- Building Collapse
- Equipment Failure — Occurrence Related
- Accident — Occurrence Related
- Equipment Failure - Training Activity
- Accident - Training Activity
- Unknown or Unclassified

IF CASUALTY IS A FIREFIGHTER PROVIDE THE FOLLOWING DETAILS

EMPLOYMENT STATUS

- Full Time
- Part Time (Volunteer)

FIREFIGHTING EXPERIENCE

YEARS

PHYSICAL CONDITION OR STATUS (suspected)

- Infant - Too Young to Act
- Children Left Unattended
- Under Restraint or Detention
- Bedridden or Other Physical/Mental Handicap
- Impaired - Alcohol } Provide Details in
- Impaired - Drugs } Remarks Area
- Asleep
- Normal - Involved in Domestic/Household Activities
- Normal - Involved in Leisure/Recreational Activities
- Normal - Involved in Business/Occupational Activities
- Unknown or Unclassified

INJURY (observed or suspected)

- Head, Neck or Spine Injury
- Wounds - Incised, Lacerated, Puncture, etc.
- Heart Attack or Stroke
- Bone Injury or Fracture
- Burns or Scalds
- Asphyxia/Respiratory Condition
- Injury to Muscle, Ligaments or Joints
- Eye Injury
- Traumatic Shock
- Heat Illness, Cold Exposure or Fatigue
- Minor Cuts or Bruises
- Unknown or Unclassified

HEIGHT

CENTIMETRES

WEIGHT

KILOGRAMS

ACTION OF CASUALTY (suspected)

- Panic or Loss of Judgement
- Attempting Escape
- Responding to or Returning from Alarm
- Involved in Rescue Activities
- Involved in Firefighting Activities
- Removing Endangered Property or Equipment
- No Action
- Unknown or Unclassified

SEVERITY

- Minor - Not Hospitalized - No Absence from Work
- Serious - Hospitalized and/or Absence from Work
- Fatal

CLOTHING: DID TYPE OF CLOTHING WORN BY CASUALTY ADD TO SEVERITY?

- No
- Yes (Provide details in remarks area)

CLOTHING/EQUIPMENT WORN AT THE TIME OF INJURY

- Helmet
- Helmet Liner
- Face Shield
- Other Eye Protection
- Coat (Turnout)
- Gloves (Mitts)
- Boots
- Hose Key Belt
- Breathing Apparatus (Self-contained)

REMARKS

FIRE DEPARTMENT	CHIEF	DATE
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