



Office of the State Fire Marshal
 560 Jefferson Boulevard
 Warwick, RI 02886
 Telephone: (401) 889-5555 Fax: (401) 889-5533

REPORT OF INJURY

Burns

Fireworks

Blasting/Explosives

DATE OF INCIDENT _____ TIME _____ AM _____ PM

INCIDENT LOCATON (Street) _____

CITY _____ STATE _____ ZIP _____

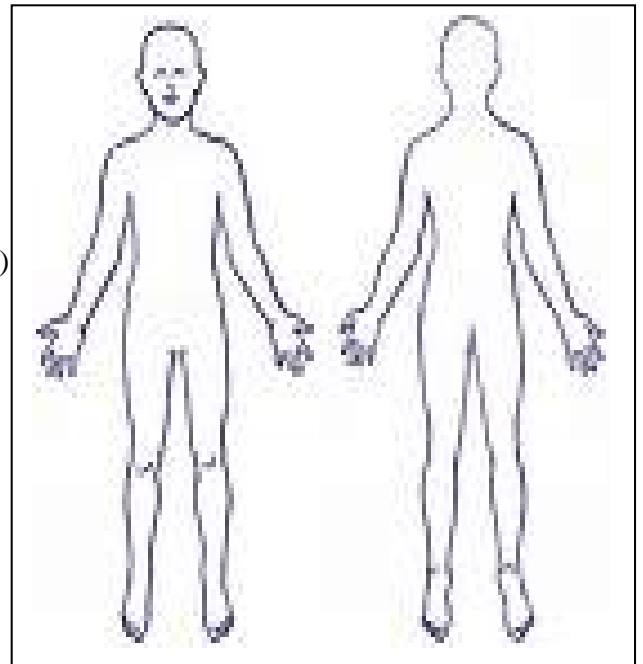
NAME OF INJURED _____ DOB _____ SEX _____

HOME ADDRESS _____ PHONE # _____

DESCRIPTION OF INJURIES (USE ADDITIONAL SHEETS IF NEEDED)

PLEASE SHADE INJURED AREAS

1st Degree Burns _____ % of Body
 2nd Degree Burns _____ % of Body
 3rd Degree Burns _____ % of Body
 Fatality _____ Other (Please Specify) _____



Victim Condition: _____

REASON FOR INJURY

___ VICTIM HELD DEVICE ___ VICTIM IN VICINITY
 ___ VICTIM WAS TARGET OTHER _____

VICTIM LOCATION DURING INCIDENT

___ IN VEHICLE ___ IN BUILDING OTHER _____

REPORTING AGENCY _____

PERSON COMPLETING REPORT _____ CONTACT # _____
 (PLEASE PRINT)

Signature _____ Date _____