



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

**REPORT OF BURNS AND
EXPLOSIVES RELATED INJURIES**

DATE OF INCIDENT _____ TIME _____ AM / PM

INCIDENT LOCATON (Street) _____

CITY _____ STATE _____ ZIP _____

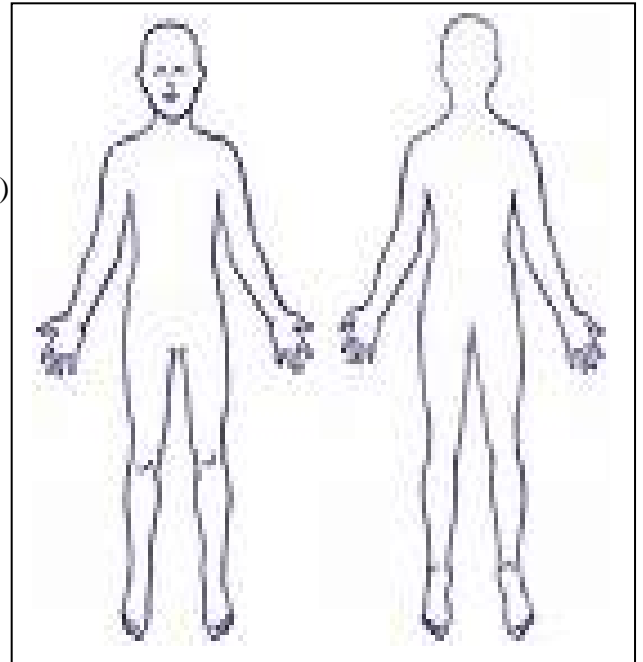
NAME OF INJURED _____ DOB _____ SEX _____

HOME ADDRESS _____ PHONE # _____

DESCRIPTION OF INJURIES (USE ADDITIONAL SHEETS IF NEEDED)

PLEASE SHADE INJURED AREAS

_____ 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 COMPLETEING REPORT _____ CONTACT # _____
(PLEASE PRINT)

Signature _____ Date _____

*** ONLY 5% OR MORE OF 2ND OR 3RD
DEGREE BURNS NEED TO BE
REPORTED**