



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

**REPORT OF INJURY**

**FIREWORKS**

**BLASTING/EXPLOSIVES**

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ AM PM

INCIDENT LOCATON: STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

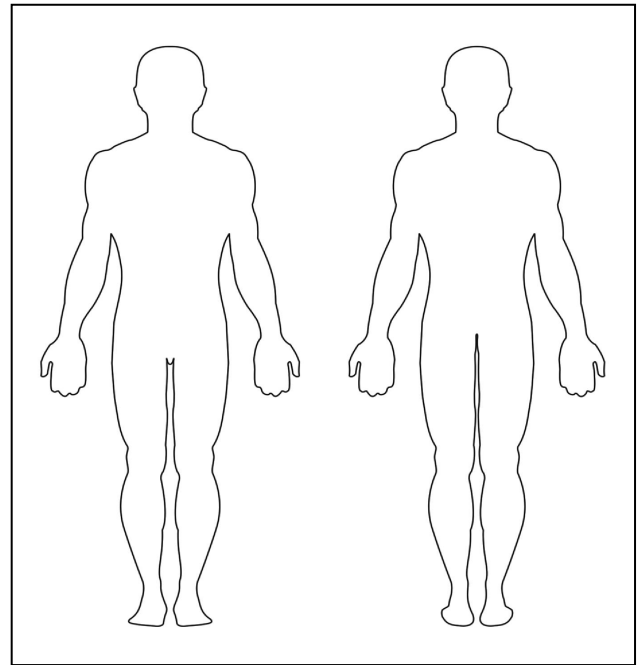
NAME OF INJURED: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**DESCRIPTION OF INJURIES** (USE ADDITIONAL SHEETS IF NEEDED)

**PLEASE SHADE INJURED AREAS**

1<sup>st</sup> Degree Burns \_\_\_\_\_ % of Body  
 2<sup>nd</sup> Degree Burns \_\_\_\_\_ % of Body  
 3<sup>rd</sup> Degree Burns \_\_\_\_\_ % of Body  
 Fatality \_\_\_\_\_ Other (Please Specify)



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Victim Condition: \_\_\_\_\_

**REASON FOR INJURY**

VICTIM HELD DEVICE: \_\_\_\_\_ VICTIM IN VICINITY: \_\_\_\_\_  
 VICTIM WAS TARGET: \_\_\_\_\_ OTHER: \_\_\_\_\_

DEVICE DESCRIPTION: \_\_\_\_\_

**VICTIM LOCATION DURING INCIDENT**

IN VEHICLE: \_\_\_\_\_ IN BUILDING: \_\_\_\_\_ OTHER \_\_\_\_\_

REPORTING AGENCY \_\_\_\_\_

PERSON COMPLETING REPORT \_\_\_\_\_ CONTACT # \_\_\_\_\_  
 (PLEASE PRINT)

Signature \_\_\_\_\_ Date \_\_\_\_\_