

CONDITION OF CASUALTY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONDITION OF CASUALTY
10			CONDITION OF CASUALTY UNKNOWN
11			ASLEEP AT TIME OF FIRE
12			BEDRIDDEN OR OTHER PHYSICAL HANDICAP
13			IMPAIRMENT BY ALCOHOL, DRUGS OR MEDICATION
14			AWAKE OR NO PHYSICAL OR MENTAL IMPAIRMENT AT THE TIME OF FIRE
15			UNDER RESTRAINT OR DETENTION
16			TOO YOUNG TO REACT TO FIRE
17			MENTAL HANDICAP (SENILE)
18			LEFT UNATTENDED (INFANT)
19			CONDITION OF CASUALTY - UNCLASSIFIED

Enter applicable code from listing.

ACTION OF CASUALTY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACTION OF CASUALTY
20			ACTION OF CASUALTY UNKNOWN
21			INJURED WHILE ATTEMPTING TO ESCAPE
22			OVER-EXERTION, HEART ATTACK
23			VOLUNTARILY ENTERED OR REMAINED FOR RESCUE PURPOSE
24			VOLUNTARILY ENTERED OR REMAINED FOR FIRE FIGHTING
25			VOLUNTARILY ENTERED AND REMAINED TO SAVE PERSONAL PROPERTY
26			LOSS OF JUDGEMENT OR PANIC
27			RECEIVED DELAYED WARNING
28			DID NOT ACT
29			ACTION OF CASUALTY UNCLASSIFIED

Enter applicable code from listing.

CAUSE OF INJURY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAUSE OF INJURY
100				SMOKE INHALATION
101				BURNS RESULTING FROM FIRE AND FLAMES
102				BURNS RESULTING FROM HOT SUBSTANCES
103				STRUCK BY OBJECTS OR PERSONS
104				INJURY CAUSED BY FALLS
105				INJURY CAUSED BY EXPLOSIVES
107				UNCLASSIFIED
108				UNKNOWN

Enter applicable code from listing.

IGNITION OF CLOTHING OR OTHER FABRICS

<input type="checkbox"/>	IGNITION OF CLOTHING OR OTHER FABRICS
30	NOT APPLICABLE
31	OUTER CLOTHING
32	SLEEPWEAR
33	UNDERCLOTHING
34	COSTUME
35	BEDDING OR BED LINEN
36	MATTRESS OR PILLOW
37	UPHOLSTERED FURNITURE
38	RUGS
39	UNCLASSIFIED

Enter applicable code from listing.

TYPE OF FABRIC OR MATERIAL IGNITED

<input type="checkbox"/>	TYPE OF FABRIC OR MATERIAL IGNITED
40	NOT APPLICABLE
41	COTTON
42	WOOL
43	OTHER NATURAL FIBRE
45	NTHETIC FIBRE
46	MIXTURE OF FIBRES
47	RUBBER
48	PLASTIC OR PLASTIC FOAM
49	UNCLASSIFIED

Enter applicable code from listing.

CAUSE OF FAILURE TO ESCAPE

<input type="checkbox"/>	CAUSE OF FAILURE TO ESCAPE
50	UNKNOWN
51	TRAPPED BY RAPID SPREADING OF FIRE/SMOKE THROUGH VERTICAL OPENINGS, STAIRWAYS, ELEVATORS
52	TRAPPED BY RAPID SPREADING OF FIRE/SMOKE THROUGH HORIZONTAL OPENINGS
53	HIGH FLAME SPREAD OF COMBUSTIBLE INTERIOR FINISH OF WALLS, CEILINGS, OR FLOORS
54	BUILDING COLLAPSE
55	FALLING DEBRIS
56	EXPLOSION
57	EXIT LOCKED, BLOCKED OR OBSTRUCTED
58	OUTDOOR FIRE INCLUDES FOREST/BRUSH FIRES
59	UNCLASSIFIED OR NOT APPLICABLE

Enter applicable code from listing.

DATE OF DEATH

YY	MM	DD	DATE OF DEATH

Enter the date of the victim's death. If there is no fatality, leave this space blank. If the victim's death occurs after the submission of the Casualty Report, submit an update indicating the Incident Number, Victim's Name and the Date of Death.

Note: Persons that die from fire injuries within one year of the fire are considered fire fatalities. An updated Casualty Report should be submitted.

REPORTER INFORMATION

NAME OF INVESTIGATOR (PLEASE PRINT)	L AFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD)
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The information entered should be that of the person who completed the investigation including name, L AFC badge number (if applicable), telephone and date that the report is completed.



FIRE REPORT (Casualty)

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

OFFICE OF THE FIRE COMMISSIONER
PO Box 9491 Stn. Prov. Govt.
VICTORIA BC V8W 9N7
TEL (250)356-9000 FAX (250)356-9019

VICTIM SURNAME GIVEN NAME(S)

ADDRESS SUITE, NUMBER, STREET AND CITY

AGE SEX: MALE FEMALE STATUS: FIREFIGHTER CIVILIAN

NATURE OF CASUALTY

- 1 DEATH
- 2 LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1 – 15 DAYS)
- 3 MINOR INJURY (LESS THAN ONE DAY IN HOSPITAL OR OFF WORK)
- 4 SERIOUS INJURY (HOSPITAL 3+ DAYS AND/OR OFF WORK 15+ DAYS)

IGNITION OF CLOTHING OR OTHER FABRICS

- 30 NOT APPLICABLE
- 31 OUTER CLOTHING
- 32 SLEEPWEAR
- 33 UNDERCLOTHING
- 34 COSTUME
- 35 BEDDING OR BED LINEN
- 36 MATTRESS OR PILLOW
- 37 UPHOLSTERED FURNITURE
- 38 RUGS
- 39 UNCLASSIFIED

CONDITION OF CASUALTY

- 10 CONDITION OF CASUALTY UNKNOWN
- 11 ASLEEP AT TIME OF FIRE
- 12 BEDRIDDEN OR OTHER PHYSICAL HANDICAP
- 13 IMPAIRMENT BY ALCOHOL, DRUGS OR MEDICATION
- 14 AWAKE OR NO PHYSICAL OR MENTAL IMPAIRMENT AT THE TIME OF FIRE
- 15 UNDER RESTRAINT OR DETENTION
- 16 TOO YOUNG TO REACT TO FIRE
- 17 MENTAL HANDICAP (SENILE)
- 18 LEFT UNATTENDED (INFANT)
- 19 CONDITION OF CASUALTY - UNCLASSIFIED

TYPE OF FABRIC OR MATERIAL IGNITED

- 40 NOT APPLICABLE
- 41 COTTON
- 42 WOOL
- 43 OTHER NATURAL FIBRE
- 44 SYNTHETIC FIBRE
- 45 MIXTURE OF FIBRES
- 46 RUBBER
- 47 PLASTIC OR PLASTIC FOAM
- 48 UNCLASSIFIED

ACTION OF CASUALTY

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- 21 INJURED WHILE ATTEMPTING TO ESCAPE
- 22 OVER-EXERTION, HEART ATTACK
- 23 VOLUNTARILY ENTERED OR REMAINED FOR RESCUE PURPOSE
- 24 VOLUNTARILY ENTERED OR REMAINED FOR FIRE FIGHTING
- 25 VOLUNTARILY ENTERED AND REMAINED TO SAVE PERSONAL PROPERTY
- 26 LOSS OF JUDGEMENT OR PANIC
- 27 RECEIVED DELAYED WARNING
- 28 DID NOT ACT
- 29 ACTION OF CASUALTY UNCLASSIFIED

CAUSE OF FAILURE TO ESCAPE

- 50 UNKNOWN
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- 55 FALLING DEBRIS
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CAUSE OF INJURY

- 100 SMOKE INHALATION
- 101 BURNS RESULTING FROM FIRE AND FLAMES
- 102 BURNS RESULTING FROM HOT SUBSTANCES
- 103 STRUCK BY OBJECTS OR PERSONS
- 104 INJURY CAUSED BY FALLS
- 105 INJURY CAUSED BY EXPLOSIVES
- 107 UNCLASSIFIED
- 108 UNKNOWN

DATE OF DEATH
YY MM DD

NAME OF INVESTIGATOR (PLEASE PRINT)	LAFIC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD) / /
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