FIRE REPORT - Casualty

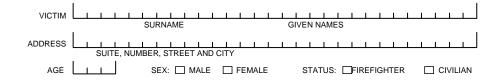
A Fire Report - Casualty must be completed for each person who suffers a fire related injury or fatality. The report is to be completed and submitted in conjunction with the related fire report.

INCIDENT NUMBER



This section must be identical to the Incident Number as recorded on the original Fire Report.

VICTIM INFORMATION



Enter the name, address, age, sex and status of the victim involved with either the injury or fatality.

NATURE OF CASUALTY

	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)

Enter applicable code from listing.

CONDITION OF CASUALTY

	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

ACTION OF CASUALT	Y
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- 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

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 CASED BY EXPLOSIVES
107	UCLASSIFIED
108	UNKNOWN

Enter applicable code from listing.

IGNITION OF CLOTHING OR OTHER FABRICS

	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

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

	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

L I I 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)	LAFC 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, LAFC badge number (if applicable), telephone and date that the report is completed.

Emergency BRITISHA COLUMBIA ManagementBC (Casualty	
COLUMBIA ManagementBC (Casualty	y)
OFFICE OF THE FIRE COMMISSIONER PO Box 9201 Stn. Prov. Govt. Victoria BC V8W 9J1 TEL (250) 952-4913 FAX (250) 952-4888	
ADDRESS	
AGELLI SEX: MALE F	FEMALE STATUS: 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
CONDITION OF CASUALTY CONDITION OF CASUALTY UNKNOWN LOW	34 COSTUME 35 BEDDING OR BED LINEN 36 MATTRESS OR PILLOW 37 UPHOLSTERED FURNITURE 38 RUGS 39 UNCLASSIFIED
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	40 NOT APPLICABLE 41 COTTON 42 WOOL 43 OTHER NATURAL FIBRE 45 SYNTHETIC FIBRE
ACTION OF CASUALTY 20 ACTION OF CASUALTY UNKNOWN 21 INJURED WHILE ATTEMPTING TO ESCAPE 22 OVER-EXERTION, HEART ATTACK	 46 MIXTURE OF FIBRES 47 RUBBER 48 PLASTIC OR PLASTIC FOAM 49 UNCLASSIFIED
 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 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
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 CASED BY EXPLOSIVES 107 UNCLASSIFIED 108 UNKNOWN	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 UNCLASSIFIED OR NOT APPLICABLE DATE OF DEATH

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