



**CONDITION OF CASUALTY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONDITION OF CASUALTY</b>
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"/>	<b>ACTION OF CASUALTY</b>
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"/>	<b>CAUSE OF INJURY</b>
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.





FIRE REPORT (Casualty)

Table with columns: LOCATION, YEAR, MONTH, DAY, HOUR, OCC. Sub-header: INCIDENT NUMBER

OFFICE OF THE FIRE COMMISSIONER
PO Box 9201 Stn. Prov. Govt.
Victoria BC V8W 9J1
TEL (250) 952-4913 FAX (250) 952-4888

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)

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[ ] [ ] [ ] DATE OF DEATH

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