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| Massachusetts Fire Incident Reporting System – Civilian Fire Casualty |

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| A |  |  | | |  |  | | | | | | | |  | | |  | | |  | | | | | | | | | | | Delete  Change | | | | | | | | | | | | | | | | | | | | | | |
| FDID \* | | | State \* | Incident Date \* | | | | | | | | Station | | | Incident Number \* | | | Exposure \* | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |
| B |  |  | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | | 1 Male  2 Female | | | | | |  | | C | | | |  | |  | | | | |
| First Name | | | | | | | | | | | | M/I | | | Last Name | | | | | | | | | | | | | | Suffix | | | | Gender \* | | | | | |  | |  | | | |  | | Casualty Number \* | | | | |
| D |  |  | | Months (for infants) | | |  | | E | | | | **RACE** | | | |  | F | **AFFILIATION** | | | | | | | | | | G | | | **DATE AND TIME OF INJURY** (Midnight is 0000) | | | | | | | | | | | | | | | | | | | **H** | | **SEVERITY \*** |
| Age \* | | OR | | |  | |  | | | | 1 White  2 Black  3 Am. Indian, Eskimo  4 Asian  0 Other, multi-racial  U Undetermined  **ETHNICITY**   1 Hispanic | | | | |  | 1 Civilian  2 EMS, not fire department  3 Police  0 Other | | | | | | | | | | | | |  |  | | | | |  | | | | | | | | | | | |  | | | 1 Minor  2 Moderate  3 Severe  4 Life threatening  5 Death |
|  | | | | |  | |  | | | |  | | | | |  |  | | | | | | | | | | | | |  | Date of Injury (MM/DD/YYYY) | | | | | Time of Injury | | | | | | | | | | | |  | | |  |
| Date of Birth MM/DD/YYYY | | | | |  | |  | | | |  | | | | |  |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **I** | **CAUSE OF INJURY** | | | | | | | J | | **HUMAN FACTORS CONTRIBUTING TO INJURY** | | | | | | | | | | | | K | | | **FACTORS CONTRIBUTING TO INJURY** NONE | | | | | | | | | | | | | | | | | | | | | **L** | | **ACTIVITY WHEN INJURED** | | | | | |
| 1 Exposed to fire products including flame, heat, smoke, & gas  2 Exposed to toxic fumes other  than smoke  3 Jumped in escape attempt  4 Fell, slipped or tripped  5 Caught or trapped  6 Structural collapse  7 Struck by/or contact with object  8 Overexertion  9 Multiple causes  0 Other  U Undetermined | | | | | | | 1 Asleep  2 Unconscious  3 Possibly alcohol impaired  4 Possibly other drug impaired  5 Possibly mentally disabled  6 Physically disabled  7 Physically restrained  8 Unattended person | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | | | |  | | |  | | | 1 Escaping  2 Rescue attempt  3 Fire control  4 Return to fire before control  5 Return to fire after control  6 Sleeping  7 Unable to act  8 Irrational act  0 Other  U Undetermined | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |  | | | Factor 1 | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |
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|  | | | | | | |  | | | | | | | | | | | | | |  | | | Factor 2 | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |
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|  | | | | | | |  | | | | | |  | | | | | | | |  | | | Factor 3 | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
| **M** | **LOCATION AT TIME OF INCIDENT** | | | | | | | | |  |  | | | | | | | | | | | | **N** | | | **PRIMARY APPARENT SYMPTON** | | | | | | | | | | | **O** | | **PRIMARY AREA OF BODY INJURED** | | | | | | | | | | | | | | |
| 1 In area of origin and not involved  2 Not in area of origin & not involved  3 Not in area of origin, but involved  4 In area of origin and involved  U Undetermined | | | | | | | |  |  | | | | Below grade | | | | | |  | |  | | | 01 Smoke only, asphyxiation  11 Burns & smoke inhalation  12 Burns only  21 Cut, laceration  33 Strain or sprain  96 Shock  98 Pain only | | | | | | | | | | | | | 1 Head  2 Neck and shoulder  3 Thorax  4 Abdomen  5 Spine | | | | | | | | | | | | | 6 Upper extremities  7 Lower extremities  8 Internal  9 Multiple body parts | |
|  | | | | | | | |  | Story at Start of Incident | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | |  |  | | | | Below grade | | | | | |  | |  | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| **GENERAL LOCATION  AT TIME OF INJURY**  1 In area of fire origin (Skip to N)  2 In building, but not in area  3 Outside, but not in area (Skip to M) | | | | | | | |  | | Story Where Injury Occurred | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | |  | |  | | | Below grade | | | | | |  | | | | |  | | | |  | | | | | |  | | | | P | | | | **DISPOSITION** | | | | | | | | | |
|  | | | | | | | |  | | Specific Location at Time of Injury | | | | | | | | | | |  | | | Look up code only if symptom is not found above | | | | | | | | | | | | | | Transported to emergency care facility | | | | | | | | | | | | | |