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| Massachusetts Fire Incident Reporting System – Fire Service Casualty |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A |  |       |    |       |     |       |     |  [ ]  Delete [ ]  Change |
| FDID \* | State \* | Incident Date \* | Station | Incident Number \* | Exposure \* |  |  |
| B |  |       |   |       |     | [ ]  Male[ ]  Female |    |  | C |  |     |
| First Name | M/I | Last Name | Suffix | Gender \* | Career |  |  |  | Casualty Number |
| D |  |     |       |  | **E** |  |       |      |  | **F** |  |    |  |
| Age | Date of Birth |  |  |  | Date of Injury | Time of Injury **\*** (Midnight is 0000) |  |  |  | Responses |  |
| G | **USUAL ASSIGNMENT** | **PHYSICAL CONDITION JUST PRIOR TO INJURY** | **SEVERITY** | **TAKEN TO** | **ACTIVITY AT TIME OF INJURY** |
| [ ]  1 Suppression[ ]  2 EMS[ ]  3 Prevention[ ]  4 Training[ ]  5 Maintenance[ ]  6 Communications[ ]  7 Administration[ ]  8 Fire Investigation[ ]  0 Other       | [ ]  1 Rested[ ]  2 Fatigued[ ]  3 Ill or injured[ ]  0 Other      [ ]  U Undetermined | [ ]  1 Report only, including exposure[ ]  2 First aid only[ ]  3 Treated by physician (no lost time)[ ]  4 Moderate (lost time)[ ]  5 Severe (lost time)[ ]  6 Life threatening (lost time)[ ]  7 Death | [ ]  1 Hospital[ ]  4 Doctor’s office[ ]  5 Morgue/funeral home[ ]  6 Residence[ ]  7 Station or quarters[ ]  0 Other      [ ]  N Not transported |     |       |
|  |  |  |  | Activity at Time of Injury |
|  |  |  |  |  |
|  |  |  |  |  |
| H |  |     |       |  | **I** |  |    |     |  | **J** | **WHERE INJURY OCCURRED** | **VEHICLE TYPE** | **STORY WHERE INJURY OCCURRED** |
| Primary Apparent Symptom |  |  |  | Cause of Injury |  | [ ]  1 Enroute to FD location[ ]  2 At FD location[ ]  3 Enroute to incident scene[ ]  4 Enroute to medical facility[ ]  5 At scene in structure[ ]  6 At scene outside[ ]  7 At medical center[ ]  8 Returning from incident[ ]  9 Returning from med facility[ ]  0 Other       | Complete ONLY if specific location code is > 60[ ]  1 Suppression vehicle[ ]  2 EMS vehicle[ ]  3 Other FD vehicle      [ ]  4 Non-FD vehicle | [ ]  Check this box and enter the story if the injury occurred inside or on a structure |
|     |       |  |  |  |    |     |  |  |  |     | [ ]  Below grade |
| Primary Area of Body Injured |  |  |  | Factor Contributing to Injury |  |  |  | Story of Injury |
|  |  |  |  |    |     |  |  |  |       |       |
|  |  |  |  | Object Involved in Injury [ ]  None |  |  | Specific Location |
| K | **DID PROTECTIVE EQUIPMENT FAIL AND CONTRIBUTE TO THE INJURY?** | [ ]  Yes [ ]  No If Yes: |     |     |       |
|  | Item | Problem | Manufacturer |
|       |  |       |       |
| Equipment Sequence # |  | Model | Serial Number |