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| Massachusetts Fire Incident Reporting System – Fire Service Casualty |

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| 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 | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
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| 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 | | | | | | | | | | | |