



State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF134 | 1022

Firefighter Fatality Worksheet

SFMO Investigator: _____

Phone: _____

Email: _____

Case number: _____

For the State Fire Marshal's Office to complete a comprehensive report regarding the incident, the following information must be collected.

Firefighter Information

Firefighter name: _____ DOB: _____

Department: _____ Dept. type: _____

Station/Apparatus assigned to: _____

Position on the apparatus: _____

Duties assigned at the station/apparatus: _____

Date of hire: _____ Rank: _____ Date of rank: _____

Time/date FF came on duty: _____ Hours off prior to shift: _____

FF position/duties on scene at time of the incident: _____

Activities during "off" time: _____

Number of hours of sleep (last five days): _____ Number of meals (last five days): _____

Number of calls on the day of the incident: _____

Was the FF ill the day of the incident? Yes No

If yes, explain: _____

Did the FF have any recent illnesses? Yes No

If yes, explain: _____

Marital status: Single Married Separated Divorced Widowed

Spouse name (if applicable): _____ Number of children: _____

Names and ages of children (if applicable): _____

Personal contributors (i.e., divorce, financial, etc.): _____

Firefighter Location and Condition

Where was the firefighter located? _____

Condition of FF upon being located: _____

Position of the FF body: _____

Was the FF left in place? Yes No If no, explain: _____

FF was removed by: _____

FF was transported to: _____

Was the FF body photographed in place? Yes No If yes, by whom? _____

Special circumstances (i.e., delayed access due to collapse, etc.): _____

If Treated and Transported

Was the FF treated at the scene? Yes No If yes, treated by: _____

FF was transported to: _____

Transported by: _____

Condition at the time of transport: _____

Deceased

Pronounced at: _____ Pronounced by: _____

Was an autopsy conducted? Yes No

If yes, conducted by: _____

If no, explain: _____

Autopsy preliminary results: _____

Were firefighter fatality protocols used during autopsy? Yes No

If no, explain: _____

Comments: _____

Scene

Department case/incident number: _____

TEXFIRS number: _____ Time/date of call: _____

Address: _____

Departments/Apparatus that responded: _____

Was the apparatus left in place? Yes No

If no, explain: _____

Were the hose lines left in place? Yes No

If no, explain: _____

Location of ALL the FF protective equipment: _____

Was the gear secure? Yes No

If no, explain: _____

What changes have been made to the gear since the incident? (i.e., SCBA shut off, radio turned off, etc.):

What changes have been made to the scene since the incident? _____

Was this a scene or a response-related incident? (Mark one) Scene Response

If a scene, what type? _____

If a response, was a FD vehicle or POV used? (Mark one) FD vehicle POV

Was a MAYDAY called? Yes No If yes, by whom? _____

What was the time? _____

Was RIT available? Yes No

Was RIT used? Yes No

Size/makeup of RIT: _____

When was the first notification of injury/issue with FF? _____

How? _____ To whom? _____

Were there any communication difficulties or failures? Yes No

Accountability utilized: _____

Any audio recordings/photos/videos? Yes No

If yes, taken by whom? _____

If no, explain: _____

Incident commander name/agency contact info: _____

Comments: _____

Vehicle Crash

Was the apparatus responding to or clearing an incident? _____

What was the type of the initial incident? _____ FD vehicle POV

Victim's position in the vehicle? _____ Number of occupants? _____

Operator's name: _____ Operator's DL classification: _____

Were seatbelts worn? Yes No

Other occupant injuries? _____

Type of response? (Check one) Emergent non-emergent

Were emergency lights or siren activated? Yes No

What was the operator doing at the time of the accident? _____

Were there any distractions? (Cell, MDC, radio, etc.) Yes No

If yes, explain: _____

Approximate speed: _____ Posted speed: _____

When was the first notification of the incident? _____

How? _____ By whom? _____

Any mechanical issues with the vehicle? Yes No

If yes, explain: _____

What position did the vehicle end up? _____

Where was the vehicle moved to? _____

Insurance carrier: _____

Were any audio recordings/photos/videos taken? Yes No

If yes, by whom? _____

Have the audio/photos/videos been secured? Yes No

If yes, by whom? _____

Investigating agency name and contact info: _____

Comments: _____

FD point of contact name/rank: _____ Phone: _____

	Received from:	Date and Time:
<input type="checkbox"/> FF training records	_____	_____
<input type="checkbox"/> Department SOCs/SOPs	_____	_____
<input type="checkbox"/> Witness names and/or statements	_____	_____
<input type="checkbox"/> Equipment specifications	_____	_____
<input type="checkbox"/> Equipment maintenance records	_____	_____
<input type="checkbox"/> Initial incident call sheet	_____	_____
<input type="checkbox"/> Related incident call sheets	_____	_____
<input type="checkbox"/> Outside agency reports (if applicable)	_____	_____
<input type="checkbox"/> FF corrective actions	_____	_____
<input type="checkbox"/> Other information that is relevant	_____	_____
<input type="checkbox"/> Dispatch logs (original call and incident)	_____	_____
<input type="checkbox"/> ICS Sheets	_____	_____
<input type="checkbox"/> Tactical Sheets	_____	_____
<input type="checkbox"/> Radio Traffic recordings	_____	_____

Comments: _____

