

**FIREFIGHTER FATALITY WORKSHEET**

<b>SFMO Investigator:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Case #:</b>

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

**Firefighter Information**

<b>Firefighter name:</b>		<b>DOB:</b>
<b>Department:</b>		<b>Dept. type:</b>
<b>Station/Apparatus assigned to:</b>		
<b>Position on the apparatus:</b>		
<b>Duties assigned at the station/apparatus:</b>		
<b>Date of hire:</b>	<b>Rank:</b>	<b>Date of rank:</b>
<b>Time/date FF came on duty:</b>		<b>Hours off prior to shift:</b>
<b>FF position/duties on scene at time of the incident:</b>		
<b>Activities during "off" time:</b>		
<b># hours of sleep (last five days):</b>		<b># of meals (last five days):</b>
<b># of calls on the day of the incident:</b>		
<b>Was the FF ill the day of incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, explain:</b>		
<b>Did the FF have any recent illnesses?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, explain:</b>		
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Spouse name (if applicable):</b>		<b># of children:</b>
<b>Names and ages of children (if applicable):</b>		
<b>Personal contributors (i.e. divorce, financial, etc.):</b>		



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## Firefighter Location and Condition

<b>Where was firefighter located?</b>
<b>Condition of FF upon being located:</b>
<b>Position of the FF body:</b>
<b>Was the FF left in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, explain:</b>
<b>FF was removed by:</b>
<b>FF was transported to:</b>
<b>Was the FF body photographed in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, by whom?</b>
<b>Special circumstances (i.e. delayed access due to collapse, etc.):</b>

## If Treated and Transported

<b>Was the FF treated at the scene?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, treated by:</b>
<b>FF was transported to:</b>
<b>Transported by:</b>
<b>Condition at time of transport:</b>



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## Deceased

<b>Pronounced at:</b>	<b>Pronounced by:</b>
<b>Was an autopsy conducted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, conducted by:</b>	
<b>If no, explain:</b>	
<b>Autopsy preliminary results:</b>	
<b>Were firefighter fatality protocols used during autopsy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no, explain:</b>	
<b>Comments:</b>	

## Scene

<b>Department case/incident #:</b>	
<b>TEXFIRS #:</b>	<b>Time/date of call:</b>
<b>Address:</b>	
<b>Departments/Apparatus that responded:</b>	
<b>Was the apparatus left in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no, explain:</b>	
<b>Were the hose lines left in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no, explain:</b>	
<b>Location of ALL the FF protective equipment:</b>	
<b>Was the gear secure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no, explain:</b>	
<b>What changes have been made to the gear since the incident? (i.e. SCBA shut off, radio turned off, etc.)</b>	
<b>What changes have been made to the scene since the incident?</b>	



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<b>Was this a scene or a response-related incident? (Mark one)</b>		<input type="checkbox"/> Scene	<input type="checkbox"/> Response
<b>If a scene, what type?</b>		<b>If a response, was a FD vehicle or POV used? (Mark one)</b>	
		<input type="checkbox"/> FD vehicle	<input type="checkbox"/> POV
<b>Was a MAYDAY called?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>What was the time?</b>	
<b>If yes, by whom?</b>			
<b>Was RIT available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Was RIT used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Size/makeup of RIT:</b>			
<b>When was the first notification of injury/issue with FF?</b>			
<b>How?</b>		<b>To whom?</b>	
<b>Were there any communication difficulties or failures?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Accountability utilized:</b>			
<b>Any audio recordings/photos/videos?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, taken by whom?</b>			
<b>If no, explain:</b>			
<b>Have audio/photos/videos been secured?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, by whom?</b>			
<b>If no, explain:</b>			
<b>Incident commander name/agency contact info:</b>			
<b>Comments:</b>			



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## Vehicle Crash

<b>Was the apparatus responding to or clearing an incident?</b>		
<b>What was the type of the initial incident?</b>		<input type="checkbox"/> FD vehicle or <input type="checkbox"/> POV
<b>Victim's position in the vehicle?</b>		<b>Number of occupants?</b>
<b>Operator's name:</b>	<b>Operator's DL Classification:</b>	<b>Were seatbelts worn?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other occupant injuries?</b>		
<b>Type of response? (Check one)</b> <input type="checkbox"/> Emergent <input type="checkbox"/> Non-emergent		
<b>Were emergency lights or siren activated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>What was the operator doing at the time of the accident?</b>		
<b>Were there any distractions? (cell, MDC, radio, etc.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, explain:</b>		
<b>Approximate speed?</b>	<b>Posted Speed?</b>	
<b>When was the first notification of the incident?</b>		
<b>How?</b>	<b>By whom?</b>	
<b>Any mechanical issues with the vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, explain:</b>		
<b>What position did the vehicle end up?</b>		
<b>Where was the vehicle moved to?</b>		
<b>Insurance carrier:</b>		
<b>Were any audio recordings/photos/videos taken?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, by whom?</b>		
<b>Have the audio/photos/videos been secured?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, by whom?</b>		
<b>Investigating agency name contact info:</b>		
<b>Comments:</b>		



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

<b>Comments:</b>
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