



## VA FIRE FIGHTER CASUALTY

FIRE INCIDENT NO.			REGION AND FACILITY NO.				REPORT 1 <input type="checkbox"/> DELETE    2 <input type="checkbox"/> CHANGE	
FA	CASUALTY NO.	INJURY OCCURRED	MONTH	DAY	YEAR	TIME OF INJURY		
FB	CASUALTY NAME ( <i>Last, First, M.I.</i> )					TYPE OF CASUALTY		
FC	AGE	SEX	CASE SEVERITY	PRIMARY APPARENT SYMPTOM				
FD	PRIMARY PART OF BODY			PATIENT TAKEN TO				
FE	ASSIGNMENT		NO. OF RESPONSES PRIOR TO INJURY		PHYSICAL CONDITION		STATUS BEFORE ALARM	
FF	FIRE FIGHTER ACTIVITY				WHERE INJURY OCCURRED			
FG	CAUSE OF FIRE FIGHTER INJURY				MEDICAL CARE PROVIDED			
FH FI FJ FK FL FM FN FO	PROTECTIVE COAT WORN			STATUS			TYPE PROBLEM	
	PROTECTIVE TROUSERS WORN			STATUS			TYPE PROBLEM	
	BOOTS/SHOES WORN			STATUS			TYPE PROBLEM	
	HELMET WORN			STATUS			TYPE PROBLEM	
	FACE PROTECTION WORN				TYPE PROBLEM			
	BREATHING APPARATUS WORN			STATUS			TYPE PROBLEM	
	GLOVES WORN				TYPE PROBLEM			
	SPECIAL EQUIPMENT WORN			STATUS			TYPE PROBLEM	

## PATIENT, EMPLOYEE OR VISITOR CASUALTY

FIRE INCIDENT NO.			REGION AND FACILITY NO.				CASUALTY NO.		REPORT 1 <input type="checkbox"/> DELETE    2 <input type="checkbox"/> CHANGE	
GA	CASUALTY NAME ( <i>Last, First, M.I.</i> )					DATE OF BIRTH	MONTH	YEAR	AGE	TIME OF INJURY
GB	HOME ADDRESS						TELEPHONE NO.			
GC	SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE		CASUALTY TYPE 1 <input type="checkbox"/> FIRE CASUALTY 2 <input type="checkbox"/> ACTION CASUALTY 3 <input type="checkbox"/> EMS CASUALTY		SEVERITY 1 <input type="checkbox"/> INJURY 2 <input type="checkbox"/> DEATH		AFFILIATION 2 <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3 <input type="checkbox"/> CIVILIAN			
	GD FAMILIARITY WITH STRUCTURE			GD LOCATION AT IGNITION			GD CONDITION BEFORE INJURY			
	GE CONDITION PREVENTING ESCAPE			GE ACTIVITY AT TIME OF INJURY			GE CAUSE OF INJURY			
GF	GF NATURE OF INJURY			GF PART OF BODY INJURED			GF DISPOSITION			