

# CASUALTY REPORT

## VA FIRE FIGHTER CASUALTY

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

## PATIENT, EMPLOYEE OR VISITOR CASUALTY

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