



United States Fire Administration

Federal Emergency Management Agency – Department of Homeland Security
Emmitsburg, Maryland 21727



REPORT OF ON-DUTY FIREFIGHTER FATALITY

Full Name of Deceased Firefighter: _____ Rank: _____
(First, Middle, Last)

Date of Incident: _____ Date of Death: _____ Total Years of Service: _____
Sex: M F Date of Birth: _____ Time Fatal Injury(ies) Occurred: _____

Please indicate the classification of the deceased Firefighter:

- Career (Paid) Part-Time (Paid) Paid-on-Call Industrial Other _____
- Volunteer Wildland (Full-Time) Wildland (Part-Time) Wildland (Contract)

Indicate the type of unit that the deceased Firefighter was assigned to for the fatal incident:

- Engine Ladder/Truck Quint Heavy Rescue/Squad
- Ambulance/EMS Vehicle Command Vehicle Tanker/Water Tender
- Brush/Wildland Apparatus Aircraft Firefighter’s Personal Vehicle

Was the deceased firefighter operating as a part of his or her regularly assigned company at the time of the fatal incident? Yes No

Please list the deceased firefighter’s Next of Kin (spouse, children, surviving parents):

<u>Name</u>	<u>Relationship</u>	<u>Mailing Address</u>	<u>Phone Number</u>
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FIRE DEPARTMENT INFORMATION

Fire Department: _____ Name of Contact Person: _____
 Address: _____
 Phone Number: _____ FAX Number: _____
 Fire Chief: _____ E-Mail Address for Contact Person: _____

Would You Categorize the Area Served by Your Department as Primarily: Rural Suburban Urban

Estimate of Population Protected: _____ Estimated Total Number of Incidents per Year: _____
 Total Number of Active Fire Department members: _____ Social (non-active) members: _____

Type of Department: All Career All Volunteer Combination Career and Volunteer

TYPE OF DUTY - Please indicate the duty being performed by the Firefighter at the time of the fatal injury:

- Responding to an Emergency Incident
 - Working at the Scene of a Fire Incident
 - Working at the Scene of a Non-Fire Incident
 - Returning from the Scene of an Emergency Incident
 - Training
 - After an Incident
 - Other On-Duty Activity
 - Other _____
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TYPE OF INCIDENT - Please describe the type of incident to which the Firefighter had responded:

- Structure Fire
- Vehicle Fire
- Outside Fire (trash, debris)
- Wildland Fire (brush, grass, forest)
- Vehicle Accident
- Emergency Medical
- Rescue/Extrication
- Not Related to an Incident
- Hazmat Incident
- Technical Rescue
- False Alarm
- Weather/Natural Disaster

If a fire, was the cause of the fire -

- Accidental
 - Arson/Incendiary
 - Suspicious/Under Investigation
 - Unknown
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ACTIVITY - Please list the Firefighter's activity at the time the fatal injuries were sustained:

- Search and Rescue
- Advancing/Operating Hose Lines
- Ventilation
- Forcible Entry
- Pump Operations
- Carrying/Setting Up Equipment
- Vehicle Extrication
- EMS/Patient Care
- Responding to the Incident
- Water Supply
- Incident Command
- Standby
- Unknown Activity
- Support Duties
- Scene Safety/Directing Traffic

If a structure fire, did the fatal injury(ies) occur while the Firefighter was:

- Inside of a Burning Structure
- Inside a Structure (not involved in fire)
- Outside of a Structure

NATURE OF FATAL INJURY - Please indicate the medical nature of the cause of the Firefighter's death (select more than one if appropriate):

- Asphyxiation Fall Crushing Injury
- Burns Stroke/CVA Internal Trauma
- Drowning Electrocution Other _____
- Heart Attack Heat Exhaustion/Heat Stroke COVID-19 / COVID19 Complications

If the firefighter experienced a heart attack, was Advanced Life Support provided at the scene? _____
If the firefighter experienced a heart attack, was an Automatic External Defibrillator used? _____

CAUSE OF FATAL INJURY - Please indicate the cause of the fatal injury (the event which triggered the chain of events that led to the firefighter's death):

- Caught or Trapped by Fire/Explosion Fall or Jump Stress/Overexertion
 - Ran Out of Air Caught or Trapped by Object Exposure
 - Structural Collapse Struck by/Contact with Object Vehicle Collision
 - Lost/Disoriented Other _____ Assault
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INCIDENT STAGE - Stage of the incident when the fatal injury occurred:

- Responding Initial Attack (first 10 minutes) Continuing Operations (11-60 minutes)
- Extended Operations (over 60 minutes) After the Conclusion of An Incident Unknown

How many minutes into the incident did the fatal injury occur?

How many personnel responded on the unit in which the deceased Firefighter responded? _____

What is the total number of personnel that would normally respond to this type of Incident? _____

How many Fire/EMS personnel were on the scene when the fatality occurred? _____

Was the deceased Firefighter equipped with a portable radio? Yes No

PROTECTIVE EQUIPMENT - Please mark the box next to the personal protective equipment worn by the Firefighter at the time of the fatal injury:

- Turnout Coat Gloves Reflective Vest Rubber Knee Boots (bunker)
- Turnout Trousers (Bunker Pants) Protective Hood 3/4 Boots (rubber)
- Face Shield/Goggles Helmet Leather Fire Boots
- SCBA PASS Device Brush Gear Other Special Equipment

Did all equipment meet the appropriate NFPA, NIOSH, OSHA, or other standards? Yes No

Was a failure of the protective clothing a factor in the Firefighter's death? Yes No Unknown

(If protective equipment failures occurred, please describe below.)

If the Firefighter was wearing an SCBA, was he/she breathing air from the SCBA at some point?

- Yes No Unknown Not Applicable

Was the firefighter's air supply depleted? Yes No Not Applicable

Was the Firefighter wearing a PASS device? Yes No Unknown Not Applicable

Was the PASS device ON or OFF? On Off Unknown Not Applicable

If the PASS device operated, did it assist rescuers in locating the distressed Firefighter? Yes No

Please List any Failures of Protective Clothing Or Equipment:

INCIDENT COMMAND AND SAFETY

Does your department have an Incident Command System? Yes No

If yes, was the system used at the fatal incident? Yes No Not Applicable

Does your department use a personnel accountability system at incidents? (tags, badges, etc.)

- Yes No Not Applicable

If yes, was it used at this incident? Yes No Not Applicable

If yes, please comment on the type of system and its effectiveness:

Does your department have a Health and Safety (staff) Officer? Yes No

Was an Incident Safety Officer in place at the time of the fatal injury? Yes No Not Applicable

Does your department have a written risk management plan? Yes No

Were any unusual risk factors present which may have played a role in the Firefighter's death?

FIREFIGHTER TRAINING - Please indicate the Firefighter's level of training. Check all that apply.

- No Certified Training Course
 - NFPA or equivalent Firefighter Certification I II III
 - NFPA or equivalent Fire Officer Certification I II III IV V
 - NFPA or equivalent Fire Apparatus Operator Certification Pumper Aerial Tiller
 - State Certified Firefighter Training Program
 - Local Fire Department Training Program
 - Red Card Certified Wildland Firefighter
 - Other, Please list applicable training courses, certifications, etc.:
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FIREFIGHTER HEALTH - The answers to these questions are extremely important. Occupational diseases such as heart attacks claim many firefighters each year.

- Did the deceased firefighter have a history of prior heart attacks or chest pain? Yes No Unknown
- Did the deceased firefighter have high blood pressure (hypertension)? Yes No Unknown
- Did the deceased firefighter have a history of bypass surgery or other heart problems? Yes No Unknown
- Was the firefighter a smoker at the time of his or her death? Yes No Unknown
- If the firefighter was not currently a smoker, had the firefighter been a smoker in the last ten years?
 Yes No Unknown
- Was the firefighter overweight? Yes No Unknown
- What was the firefighter's approximate weight and height? _____ (pounds) _____ (feet/inches)
- Did the firefighter have a family history of heart disease? Yes No Unknown
- Was the firefighter a diabetic? Yes No Unknown
- Was the firefighter physically active (regular exercise)? Yes No Unknown
- Did the firefighter have high cholesterol? Yes No Unknown
- How would you characterize the overall physical condition of the Firefighter?
 Excellent Good Poor Unknown
- Are Firefighters required to complete periodic medical evaluations?
 No Evaluation Required Evaluations Required Annually or Bi-Annually
 Evaluation Required Upon Joining the Department Unknown
- Was an autopsy of the deceased Firefighter performed? Yes No
(If yes, please include a copy of the report with your form, if possible.)
- What was the Firefighter's blood alcohol level (if known)? _____
- What was the Firefighter's carboxyhemoglobin level (if known)? _____
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VEHICLE COLLISION SUPPLEMENT - If the Firefighter died as the result of a vehicle collision in which the Firefighter was the driver or an occupant of the vehicle, please provide the following information:

Type of Vehicle:

- Engine/Pumper
- Helicopter
- Brush/Wildland Vehicle
- Ladder/Truck
- Private Vehicle
- Fixed Wing Aircraft
- Tanker/Water Tender
- Ambulance
- Heavy Rescue/Squad
- EMS Non-Transport Vehicle
- Staff/Support Vehicle
- Other _____

Year and make of the vehicle: _____

What was the rated Gross Vehicle Weight (GVW) of the Vehicle? _____ pounds

Was the vehicle (please circle): Purchased from a Manufacturer Built/Modified Locally

What was the vehicle's water tank capacity? _____ gallons

Was the water tank full, empty, or partially full? _____

Was the tank equipped with anti-surge baffles? _____

Was the operator of the vehicle required to have a special license to drive the vehicle? _____

How much operating experience did the driver have (years/hours)? _____

Had the operator of the vehicle completed a defensive driving, emergency vehicle operator, or a department driver training program?

If so, when was the most recent driver training program completed (month/year)? _____

Was the vehicle responding to an incident with operating lights and siren at the time of the collision? _____

Was the deceased firefighter wearing a seat belt at the time of the collision? _____

Was the deceased firefighter fully or partially ejected from the vehicle as a result of the collision? _____

What was the road surface (dirt, concrete, blacktop, etc.)? _____

Was excessive speed a factor in the crash? _____

Was any equipment malfunction a factor in the crash? _____

Did the collision occur: (please circle all that apply)

- At an Intersection
- In a Curved Part of the Road
- On a Narrow Road
- In Bad Weather
- At Night
- At Dusk or Sunrise