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

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

Name	Relationship	Mailing Address	Phone Number

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 _____

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

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

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

NERIS INFORMATION - If you have a completed NERIS or other fire report, please include a copy with this form.

Incident Number: _____
Number of responses that the Firefighter made to emergencies in the 24 hours prior to the fatal incident: _____
What was the Firefighter doing (if known) immediately prior to the response to the fatal incident? _____

Please circle the fixed property use of the incident scene: Commercial Residential Street/Road

Vacant Land Manufacturing Other

Type of Construction of the Structure _____

Was the structure equipped with fire sprinklers? □ Yes □ No

Was the structure occupied at the time of fire department arrival? □ Yes □ No

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INCIDENT - Please attach a description or briefly describe how the fatal injuries were sustained. Please attach any reports that may be associated with the incident such as fire reports, traffic reports, and news clippings. Please note significant factors that may have contributed to the firefighter's death:

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

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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.:

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)? _____

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