Tennessee State Fire Marshal's Office

Fire & Explosion Investigation Fatality & Large Loss Report

Section 1: Investigative Agency Response Information

Case #: _____ ORI #: _____ FDID #: _____

Date Received: _____ Time Received: _____ Incident Priority #: _____

Agent's Territory: _____ Agent(s) Assigned: _____

1st Agent Arrival Date: _____ 1st Agent Arrival Time: _____

Section 2: Basic Incident Information

Nature of Incident: _____ ☐-Pictures Attached

Date of Incident: _____ Time of Incident: _____

Number of Fatalities: _____ Estimated Property Loss: _____ dollars

Number of Occupants that Escaped: _____ Estimated Property Value: _____ dollars

Section 3: Notifying Agency Contact Information

Agency Name: _____ Phone #: _____

Contact Name: _____ Job Title: _____

Section 4: Incident Location & Conditions

Address: _____ (Street #) _____ (Prefix) _____ (Street Name) _____ (Type) _____ (Suffix) _____ (Zip code)

City: _____ County: _____

Latitude: _____ Longitude: _____

Section 4a. Type of Occupancy: (Check one)

☐-Single Family Dwelling ☐-Business ☐-Shed/Barn

☐-Duplex ☐-Church/Assembly ☐-Open Area

☐-Apartment ☐-Hotel/Motel ☐-Vehicle or RV

☐-Manufactured Home ☐-Educational/Daycare ☐-Other

4b. Property Info: (Check one)

☐-Rented ☐-Owned

Year Built: _____

4c. Serial or VIN #: _____

Section 4d. Internal Fire Protection Systems:

1. Smoke Alarms Were: ☐-Present ☐-Not Present ☐-Unknown If Present, how many? _____

1a. Did Alarms activate? ☐-Yes ☐-No ☐-Unknown

1b. Did Alarms alert occupants? ☐-Yes ☐-No ☐-Unknown

1c. Alarms Power Source: ☐-Battery Were batteries present? ☐-Yes ☐-No ☐-Unknown

☐-Hardwired Was the power source connected? ☐-Yes ☐-No ☐-Unknown

2. Where Fire Sprinklers Present? ☐-Yes ☐-No ☐-Unknown ☐-N/A (skip 2a)

2a. Where Sprinklers Operational: ☐-Yes ☐-No ☐-Unknown If operational, how many activated? _____

Section 5. Probable Fire Cause Determination

Classification of Fire: _____ Source of Ignition: _____

Area of Origin: _____

Contributing Factors to Ignition: _____

Section 6. Responding Fire Department (s)

Fire Dept. Name: _____ Phone #: _____

Contact Name: _____ Job Title: _____

Initial Responding Station Address: _____

Section 7. Fatality Section (complete sections 7 & 8 for each victim)

Name of Deceased: _____

Gender: ☐-Male ☐-Female Date of Birth: _____ Date of Death: _____

☐-Deceased On-Scene ☐-Deceased, then transported (not on scene) ☐-Died in Transport/Treatment (not on scene)

7a. Race: (Please check most appropriate box)

☐-Caucasian
☐-Black
☐-American Indian/Alaska Native
☐-Asian
☐-Native Hawaiian, other Pacific Islander
☐-Multicultural
☐-Undetermined

7b. Ethnicity: (Check one)

☐-Non-Hispanic
☐-Hispanic, Latino, or Spanish Origin

7c. Location Found: (Check one)

☐-Kitchen ☐-Living Room
☐-Bath ☐-Outside
☐-Bedroom ☐-Other: _____

7d. Location at Time of Incident: (Check one)

☐-In area of origin & not involved
☐-Not area of origin & not involved
☐-In area of origin involved
☐-Not In area of origin, but involved
☐-Other: _____
☐-Undetermined

7e. Possible* Activity Before Time of Death: (Check all that apply)

☐-Attempting Escaping ☐-Unable to act
☐-Rescue Attempt ☐-Irrational act
☐-Fighting Fire ☐-Using Medical Oxygen
☐-Return to Fire ☐-Other:_____
☐-Cooking ☐-Undetermined
☐-Smoking Cigarette Brand: _____

7f. Primary Apparent Symptom: (Check one)

☐-Smoke only (asphyxiation)
☐-Burns & smoke inhalation
☐-Burns only
☐-Other trauma

7g. Primary Area of Body Injured: (Check one)

☐-Head ☐-Upper extremities
☐-Neck ☐-Lower extremities
☐-Thorax ☐-Internal
☐-Abdomen ☐-Multiple body parts

7h. Deceased Affiliation:

☐-Military ☐-N/A
☐-EMS ☐-Retired
☐-Fire
☐-Police

7i. Possible* Human Factors: (Check all that apply)

☐-Asleep ☐-Hoarding
☐-Unconscious ☐-Homicide
☐-Impaired by alcohol ☐-Suicide
☐-Impaired by drug or chemical ☐-None
☐-Unattended child
☐-Mentally disabled
☐-Physically disabled
☐-Physically restrained

7j. Possible* Cause of Death: (Check one)

☐-Exposed to fire products (heat, smoke, gas)
☐-Exposed to toxic fumes other than smoke
☐-Fell slipped or tripped
☐-Caught or trapped
☐-Structural collapse
☐-Struck by or contact with object
☐-Overexertion or strain
☐-Other : _____

*** Possible:** a level of certainty that would be regarded as feasible, but not probable.(≤ 50% certainty)

* **Probable:** a level of certainty that would correspond to being more likely true than not. (> 50% certainty)

Section 8. Medical Examiner/Coroner's Cause of Death

☐- Asphyxiation ☐- Carbon Monoxide Poisoning
☐- Thermal Burns ☐- Other _____

Section 9. Investigator Notes

Report Completed by: _____ **Date:** _____