



Department of Homeland Security Emergency Management  
State Fire Marshal Division



**FIRE FATALITY REPORT FORM**

•CONFIDENTIAL•

VICTIM INFORMATION		
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP CODE
AGE	DATE OF BIRTH	GENDER
LOCATION		
INCIDENT DATE	TIME OF DAY	INCIDENT NUMBER
INCIDENT ADDRESS		
CITY	STATE	ZIP CODE
AUTHORITY HAVING JURISDICTION	FIRE DEPARTMENT ID NUMBER (NFIRS)	COUNTY
REPORTING AGENCY	REPORTING PERSON	PHONE
DOLLAR LOSS:		
INCIDENT INFORMATION		
<b>ORIGIN OF IGNITION</b> <input type="checkbox"/> INTENTIONAL <input type="checkbox"/> UNINTENTIONAL <input type="checkbox"/> FAILURE OF EQUIPMENT OR HEAT SOURCE <input type="checkbox"/> ACT OF NATURE <input type="checkbox"/> CAUSE UNDER INVESTIGATION <input type="checkbox"/> CAUSE UNDETERMINED AFTER INVESTIGATION	<b>SOURCE OF IGNITION</b> <input type="checkbox"/> CANDLE <input type="checkbox"/> CHILD WITH ACCESS TO IGNITION DEVICE <input type="checkbox"/> COOKING <input type="checkbox"/> DRUG MANUFACTURING / LAB <input type="checkbox"/> ELECTRICAL DISTRIBUTION <input type="checkbox"/> ELECTRICAL APPLIANCE <input type="checkbox"/> OTHER:	<input type="checkbox"/> FIREWORKS <input type="checkbox"/> HOME HEATING <input type="checkbox"/> SMOKING <input type="checkbox"/> VEHICLE COLLISION <input type="checkbox"/> UNDETERMINED HEAT SOURCE
<b>HUMAN FACTORS</b> <input type="checkbox"/> ASLEEP <input type="checkbox"/> POSSIBLY IMPAIRED BY ALCOHOL OR DRUGS <input type="checkbox"/> UNATTENDED OR UNSUPERVISED PERSON <input type="checkbox"/> POSSIBLY MENTALLY DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> MULTIPLE PERSONS INVOLVED <input type="checkbox"/> AGE WAS A FACTOR <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE	<b>FEATURES OF FIRE PROTECTION</b> <b>SMOKE ALARM/DETECTORS:</b> <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OPERATIONAL <input type="checkbox"/> NOT OPERATIONAL <input type="checkbox"/> UNKNOWN <b>POWER SOURCE</b> <input type="checkbox"/> BATTERY OPERATED <input type="checkbox"/> HARD WIRED <b>FIRE SPRINKLERS:</b> <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> ACTIVATED <input type="checkbox"/> NOT ACTIVATED	
<b>OCCUPANCY TYPE (International Building Code)</b> FOR ASSISTANCE COMPLETING THIS SECTION CALL NUMBER LISTED BELOW <b>DEATH OCCURRED -</b> <input type="checkbox"/> IN VEHICLE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> COMMERCIAL STRUCTURE <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTI FAMILY DWELLING <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> OTHER (Explain)		
<b>NARRATIVE/CIRCUMSTANCES:</b>  		
REMIT INFORMATION WITHIN 48-HR WRITTEN NOTIFICATION		
<b>RETURN:</b> NEW MEXICO STATE FIRE MARSHAL DIVISION • PO Box 27111 • SANTA FE, NM 87502 <b>PHONE:</b> • (505) 476-0160 • FAX: (505) 476-0100 •		

Revised 10/2013