



KATHY HOCHUL Governor

JACKIE BRAY Commissioner

JAMES B. CABLE State Fire Administrator

Civilian Fire Fatality Incident Report

Date of Incident: Time of Incident: NFIRS Incident Number:

Address of Incident:

County: Fire Department/ District:

Fire Department Contact: Fire Department Contact Phone #:

Investigating Agency: Investigating Agency Contact:

Investigating Agency Contact Phone #:

Building Information:

Year Constructed: Construction Type (I - V):

Has the building undergone renovations? Yes No Undetermined

If so, what was the year & scope of renovation?:

Occupancy Type: Residential (1 or 2 - Family) Residential (Apartment/Condo)

Commercial Occupancy Outside Other (please explain):

Was the occupancy a mobile home? Yes No

If the occupancy was a commercial building, what type of occupancy was it?:

Was/ were the path(s) of egress available & functional? Yes No Undetermined

If egress was not available or functional, please explain:

Were hoarding conditions present in the building? Yes No Undetermined

Building Water Source: Municipal Private Well Other:

Notes about building:

Empty text box for notes



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Victim # _____

Age: _____ Gender: Male Female Undetermined

Race/ Ethnicity: White Black/ African American American Indian/ Alaska Native
 Asian Native Hawaiian/ Other Pacific Islander Undetermined

Hispanic or Latino descent? Yes No Undetermined

Any known intellectual or physical disabilities? Yes No Undetermined

Please list any known disabilities:

[Empty text box for listing disabilities]

Was victim known to be under the influence of drugs or alcohol? Yes No Undetermined

Please list any drugs or alcohol of which victim was known to be under the influence:

[Empty text box for listing drugs or alcohol]

Victim's occupancy status: Renter Owner Occupant

Location of Victim: _____

Did victim attempt to evacuate?: Yes No Undetermined

Did victim attempt to extinguish the fire?: Yes No Undetermined

Notes regarding this victim:

[Large empty text box for notes regarding the victim]



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Victim # _____

Age: _____ Gender: [] Male [] Female [] Undetermined

Race/ Ethnicity: [] White [] Black/ African American [] American Indian/ Alaska Native

[] Asian [] Native Hawaiian/ Other Pacific Islander [] Undetermined

Hispanic or Latino descent? [] Yes [] No [] Undetermined

Any known intellectual or physical disabilities? [] Yes [] No [] Undetermined

Please list any known disabilities:

[Empty text box for listing disabilities]

Was victim known to be under the influence of drugs or alcohol? [] Yes [] No [] Undetermined

Please list any drugs or alcohol of which victim was known to be under the influence:

[Empty text box for listing drugs or alcohol]

Victim's occupancy status: [] Renter [] Owner [] Occupant

Location of Victim: _____

Did victim attempt to evacuate?: [] Yes [] No [] Undetermined

Did victim attempt to extinguish the fire?: [] Yes [] No [] Undetermined

Notes regarding this victim:

[Large empty text box for notes regarding the victim]



Homeland Security and Emergency Services

Fire Prevention and Control

KATHY HOCHUL
Governor

JACKIE BRAY
Commissioner

JAMES B. CABLE
State Fire Administrator

Notes regarding incident:

Completed by: _____

Date: _____

Upon completion, please forward this form to FPS Michael Stevens at Michael.stevens@dhses.ny.gov.