



COMMONWEALTH OF VIRGINIA STATE FIRE MARSHAL'S OFFICE FIRE FATALITY REPORT



INCIDENT DATE:		TIME:		DAY OF WEEK:	
DATE OF DEATH:					

FDID #:		VFIRS INCIDENT #:	
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ADDRESS OF FIRE:			
TYPE OF PROPERTY STRUCTURE:			
STRUCTURE BUILD DATE:			
OWNER:		OCCUPANT:	

AREA OF FIRE ORIGIN:			
CAUSE OF FIRE:			

SMOKE ALARM STATUS: (<input checked="" type="checkbox"/> One)	PRESENT/ACTIVATED <input type="checkbox"/>	PRESENT/ <u>NOT</u> ACTIVATED <input type="checkbox"/>
	NONE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
SMOKE ALARM TYPE: (<input checked="" type="checkbox"/> One)	ELECTRIC WIRED <input type="checkbox"/>	9 VOLT BATTERY <input type="checkbox"/>
	10 YEAR LITHIUM BATTERY <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
SPRINKLER STATUS: (<input checked="" type="checkbox"/> One)	PRESENT/ACTIVATED <input type="checkbox"/>	PRESENT/ <u>NOT</u> ACTIVATED <input type="checkbox"/>
	NONE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
FIRE ALARM STATUS: (<input checked="" type="checkbox"/> One)	PRESENT/ACTIVATED <input type="checkbox"/>	PRESENT/ <u>NOT</u> ACTIVATED <input type="checkbox"/>
	NONE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>

NAME OF DECEASED:			
DATE OF BIRTH:		SEX:	
PHYSICAL DISABILITY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	RACE:
If YES, please explain:			
LOCATION DECEASED FOUND:			
CONDITIONS OF HOARDING PRESENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

CAUSE OF DEATH:			
AUTOPSY PERFORMED BY:			

REMARKS:			
INVESTIGATOR:			
AGENCY:			
REPORT DATE:			