

Firefighter/Family Data Sheet (*Verify ALL information.*)

Firefighter Information (*verify pronunciation of name*)

Firefighter Name: _____ DOB: _____ Age: _____
 Department Type: Local State Federal Industrial Brigade
 Employment Status: Career Volunteer* Contract Seasonal Inmate
 (*includes paid-on-call)
 Rank: _____ Years of Service: _____

Incident

Date of Incident: _____

Type of Incident:

Haz Mat	Emergency Medical	Natural Disaster	Non-Emerg. FD Duty
MVA	Search/Rescue	Structure Fire	Structure Fire/Arson
Explosion	Training	Vehicle Fire	Water Rescue (nonflood)
Wildland/Grass Fire	Wildland/Grass Fire Arson	Outdoor Fire	Other
False Alarm	Multiple Calls in 24 Hrs.		

Description: _____

Death

Date of Death: _____

Cause of Death:

Asphyxiation	Burns	Cancer	Cardiovascular	Drowning	
Electrocution	Smoke Inhalation	Smoke Inhalation/Burns	Trauma	Heatstroke	Other

Timing of Death: Immediate Within 24 Hours One Week Extended

Location of Death: At Scene Response To/From Station Home Hospital

Department

Name of Dept/Agency: _____
 Contact Name: _____ Contact Title: _____
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____

Department Contact

TYPE	DATE/INIT	SPECIFIC INFO
<input type="checkbox"/> Chief-to-Chief	_____	_____
<input type="checkbox"/> Foundation Staff	_____	_____

Special Department Circumstances: _____

Have they filed for PSOB? YES date filed/status: _____
 NO Refer to PSOB.

Family Information

NOK

Name: _____
Relationship: _____
Address: _____

Phone: _____
E-mail: _____

Children

Name: _____ Age/DOB: _____
Name: _____ Age/DOB: _____
Name: _____ Age/DOB: _____
Name: _____ Age/DOB: _____
Name: _____ Age/DOB: _____
Name: _____ Age/DOB: _____

Other family members

Name: _____ Relationship: _____
Address: _____
Phone Number: _____ E-Mail: _____

Name: _____ Relationship: _____
Address: _____
Phone Number: _____ E-Mail: _____

Family Contact

TYPE

DATE/INIT

SPECIFIC INFO

- Survivor Support Network
- Foundation Staff
- _____

Special Family Circumstances: _____

Additional Information/Notes/Followup Needed

NOTIFIED:

____ Executive Director ____ PSOB ____ USFA ____ COPS, if police officer killed/injured in the incident