

Fire Casualty Report

Forward To: Manitoba
Labour
Office of the
Fire Commissioner

Room 508
Norquay Building
401 York Avenue
Winnipeg MB R3C 0P8



A separate report shall be submitted for each fire casualty (death or injury)						Incident Num	Count Number
Date of Fire	Day	Month Select one	Year	Day of Week	Time	Municipal Code	
Location of Fire	Number and Street				City, Town, RM, or LGD		
Name of Victim		Surname	Given Name(s)		Age	Sex	Birth Date of Fire Fatality Day/Month/Year
Casualty: Death <input type="checkbox"/> Injury <input type="checkbox"/>			Status: Civilian <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Fire Fighter in Transit <input type="checkbox"/>				
Circumstances contributing to Fire Casualty. Please indicate appropriate code number in space provided using only the code which is most significant.							
Nature of Casualty Select one				Ignition of Clothing or Other Fabrics Select one			
Condition of Casualty at Time of Fire Select one				Type of Fabric or Material Ignited Select one			
Action of Casualty at Time of Fire Select one				Cause of Failure to Escape Select one			
Remarks: (Explain extent of Injury)							

Date _____ Position of person reporting _____ Signature _____