**Fire Casualty Report**



**Forward To: Manitoba Room 508**

**Labour Norquay Building**

**Office of the 401 York Avenue**

**Fire Commissioner Winnipeg MB R3C 0P8**

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| **A separate report shall be submitted for each fire casualty (death or injury)** | **Incident Num** | **Count Number** |
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| **Date of Fire** | **Day** | **Month** | **Year** | **Day of Week** | **Time** | **Municipal Code** |

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| **Location of Fire** | **Number and Street** | **City, Town, RM, or LGD** |

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|  **Surname Given Name(s**)**Name of Victim**  | **Age** | **Sex** | **Birth Date of Day/Month/Year****Fire Fatality**  |

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| **Casualty:** **Death** **[ ]  Injury** **[ ]**  | **Status:****Civilian** **[ ]  Fire Fighter** **[ ]  Fire Fighter in Transit****[ ]**  |

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| **Circumstances contributing to Fire Casualty.****Please indicate appropriate code number in space provided using only the code which is most significant.** |
| **Nature of Casualty**  | **Ignition of Clothing or Other Fabrics**  |
| **Condition of Casualty at Time of Fire**  | **Type of Fabric or Material Ignited**  |
| **Action of Casualty at Time of Fire**  | **Cause of Failure to Escape**  |

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| **Remarks: (Explain extent of Injury)**  |

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**Date Position of person reporting Signature**