

**NASFM JUVENILE FIRE INTERVENTION PROJECT
DATA COLLECTION FORM**

AGENCY INFORMATION

State: _____ FDID #: _____ Incident Date: _____

FD Control #: _____

CHILD INFORMATION(One form per incident; place answer in appropriate box)

	Child 1	Child 2	Child 3	Child 4
Age of child at time of incident:				
Grade in school: P (Preschool) K-12 (Enter Grade Level) HS (Home School) SE (Special Education) NS (Not in School)				
Language spoken at home: E (English) S (Spanish) O (Other) _____				
Previous fireplay or misuse of fire: Y (Yes) N (No)				
Previous reported fire/fire department response: Y (Yes) N (No)				
Other agency working with family: M (Mental Health) SS (Social Services) JJ (Juvenile Justice) O (Other) Specify: _____				

INCIDENT INFORMATION (One form per incident)

Number of fatalities resulting from this incident: _____

Number of injuries resulting from this incident: _____

Number of people displaced as a result of this incident: _____

Dollar loss estimate (as per report only): _____

Who was involved with this incident?

- Other unknown child(ren) involved
- Child acted alone

Original ignition source? (Select one)

- Stove
- Match
- Candles
- Heating Appliance
- Lighter
- Other (Specify) _____

DATA COLLECTION FORM

FD Control #: _____

INCIDENT INFORMATION - PAGE 2

Item first ignited by ignition source?
(Select one)

- Paper Cardboard / Tissue
- Clothing
- Furniture
- Grass / Leaves / Branches
- Flammable / Combustible Liquid
- Fireworks
- Other (specify) _____
- Bedding
- Toys
- Trash / Garbage
- Animal / Person
- Aerosol spray
- Explosive Device

Action taken in response to fire?
(Check all that apply)

- Nothing
- Referred to Youth Firesetting Intervention / Education
- Referred to Legal Authority (Police / Fire Investigator)
- Other (specify) _____

Referral to program initiated by?
(Select one)

- Fire report (FS Incident #:) _____
- Parent / Caregiver
- School
- Mental Health
- Law Enforcement (PD Control #) _____
- Other (specify) _____

Ignition source obtained from?
(Select one)

- Own Home
- Other person / location
- Found outdoors
- Other (specify) _____

Fire incident result?
(Select one)

- Intentional result (intended to ignite / burn all objects that did burn)
- Non-intentional result (fire misuse, other fire use that got out of control)

Caregiver at time of incident?
(Select one)

- Parent / Caregiver
- Sitter (approximate age) _____
- School
- No one
- Other

Where did the incident occur?
(Select one)

- Inside family home (single family home)
- Inside family home (apartment / multi-family)
- Other structure at home (shed, garage, etc)
- Yard at home

- Park / Field / Vacant Lot
- School
- Vehicle (at home or away)
- Other (Specify) _____