NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL
J. William Degnan, State Fire Marshal

FIREWORKS INJURY / FIRE REPORT

SECTION A – REPORTING AGENCY INFORMATION

Agency Name: _____ **FDID #**: _____

Address: _____ **Phone #**: _____

Contact Person: _____

☐ Please retrieve our fireworks incidents from the NFRIS data base.
☐ This agency has **no firework related incidents** to report.

SECTION B – INCIDENT INFORMATION

☐ Fire ☐ Injury ☐ Other:_____

Location of Incident:
☐ Residential ☐ Commercial ☐ Public property ☐ Open fields / woodlands ☐ Other:_____

Date:_____ Time:_____ Incident #:_____

Gender:_____ Age:_____ Adult Present: ☐ Yes ☐ No ☐ N/A

Do you have a local ordinance for fireworks:
☐ Prohibition of all Permissible Fireworks Ordinance #: _____
☐ Permit required for display of Permissible Fireworks Ordinance #: _____
☐ Display of Permissible Fireworks prohibited Ordinance #: _____
☐ Follow NH RSA 160 – C only.

SECTION C – INJURY INCIDENT DETAILS

Injury location: ☐ Head / Face ☐ Hand ☐ Arm ☐ Leg / Foot ☐ Torso

Type of injury: ☐ Burn Injury - ☐ 1st Degree ☐ 2nd Degree ☐ 3rd Degree
☐ Traumatic Injury
☐ Amputation
Patient transported to: _____

Cause of Injury: ☐ Tampering with fireworks ☐ Leaning over fireworks
☐ Duds – Relight or handling ☐ Unsafe surface
☐ Throwing fireworks ☐ Holding in hand
☐ Other: _____

SECTION D – FIRE INCIDENT DETAILS

Type of fire: ☐ Wildland ☐ Structure Fire (List occupancy type):_____

Fire Cause: ☐ Accidental ☐ Incendiary Dollar loss:_____

If Incendiary, was an investigation conducted? ☐ Yes ☐ No By whom:_____

SECTION E – DEVICE INFORMATION

☐ NH Permissible Firework device (List name):_____
☐ Reloadable Mortar ☐ Aerial device ☐ Ground device ☐ Sparkler
☐ NH Prohibited Item (Firecrackers, Rockets, Smoke devices)
Where were the items purchased? _____
☐ Class B Display Fireworks
☐ Federal banned explosive device (M-80, Cherry Bombs, Block Busters, Quarter Stick, etc.)
☐ Unknown