

**NASFM YOUTH FIRESETTING INTERVENTION PROJECT
NEW HAMPSHIRE DATA COLLECTION FORM**



COMPLETE BOTH PAGES OF FORM

AGENCY INFORMATION

FDID# _____

Incident Date ____/____/____

CHILD INFORMATION

** One form per incident ** Place answer in appropriate box** Answer ALL questions**

** Please understand that only completed form can be entered into the database**

More than 4 children, use additional form(s)	Child 1	Child 2	Child 3	Child 4
DOB/AGE of Youth at time of incident				
Race: W (White), B (Black), H (Hispanic), A (Asian), I (Am. Indian, Alaska Native), O (Other), Specify _____				
Gender: M (Male) F (Female)				
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) Specify _____				
PREVIOUS fire play 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? <input type="checkbox"/> Child acted alone <input type="checkbox"/> Other unknown children involved
	Original ignition source? (Select one) <input type="checkbox"/> Match <input type="checkbox"/> Lighter <input type="checkbox"/> Heating Appliance <input type="checkbox"/> Stove <input type="checkbox"/> Candles <input type="checkbox"/> Other (specify) _____

New Hampshire DATA COLLECTION FORM

INCIDENT INFORMATION - Page 2

Item first ignited by ignition source? (Select one) <ul style="list-style-type: none"><input type="checkbox"/> Paper/Cardboard/Tissue<input type="checkbox"/> Clothing<input type="checkbox"/> Furniture<input type="checkbox"/> Grass/Leaves/Branches<input type="checkbox"/> Flammable/Combustible Liquid<input type="checkbox"/> Fireworks<input type="checkbox"/> Other _____	Action taken in response to fire? (Check all that apply) <ul style="list-style-type: none"><input type="checkbox"/> Nothing<input type="checkbox"/> Referred to Youth Firesetting Intervention/Education<input type="checkbox"/> Referred to Legal Authority (Police/Fire Investigator)<input type="checkbox"/> Other (specify) _____
Referral to program initiated by? (Select one) <ul style="list-style-type: none"><input type="checkbox"/> Fire report<input type="checkbox"/> Parent/Caregiver<input type="checkbox"/> School<input type="checkbox"/> Mental Health<input type="checkbox"/> Law Enforcement<input type="checkbox"/> Other (specify) _____	Ignition source obtained from? (Select one) <ul style="list-style-type: none"><input type="checkbox"/> Own home<input type="checkbox"/> Other person/location<input type="checkbox"/> Found outdoors<input type="checkbox"/> Other (Specify) _____
Fire incident result? (Select one) <ul style="list-style-type: none"><input type="checkbox"/> Intentional result (intended to ignite/burn all objects that did burn)<input type="checkbox"/> Non-intentional result (fireplay, other fire use that got out of control)	Caregiver at time of incident? (Select one) <ul style="list-style-type: none"><input type="checkbox"/> Parent/Caregiver<input type="checkbox"/> Sitter (approximate age) _____<input type="checkbox"/> School<input type="checkbox"/> No one<input type="checkbox"/> Other (specify) _____
Where did the incident occur? (Select one) <ul style="list-style-type: none"><input type="checkbox"/> Inside family home (single family home)<input type="checkbox"/> Inside family home (apartment/multi-family)<input type="checkbox"/> Other structure at home (shed, garage, etc.)<input type="checkbox"/> Yard at home<input type="checkbox"/> Park/Field/Vacant Lot<input type="checkbox"/> School<input type="checkbox"/> Vehicle (at home or away)<input type="checkbox"/> Other (Specify) _____	

Email, Fax or Mail this form to:

NH STATE FIRE MARSHAL'S OFFICE
33 Hazen Drive, Concord, NH 03305
603-223-4289 Fax: 603-223-4294
Email: FMO@dos.nh.gov