**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**