



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER



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**SAFETY FIRE
 FIRE INVESTIGATIONS
 GID-374-SF NOV2013**

FIRE FATALITY REPORT

| | | | | | | |
|------------------------|--|---|---|---|---------------------------------------|--|
| Date of Fire | | Time of Alarm | | hours | Number of Fatalities: | |
| City | | | | County | | |
| Property Type | | Structure Type: | | Inhabited? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Probable Cause of Fire | | <input type="checkbox"/> Pending Investigation | <input type="checkbox"/> Arson | <input type="checkbox"/> Accidental | <input type="checkbox"/> Undetermined | |
| Smoke Alarms Present? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Smoke Alarms Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| Sprinklers Present? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Sprinklers Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| VICTIM ONE | | | | | | |
| Name (Last, First MI) | | | | Date of Fatality: | | |
| Date of birth | | or approximate age | | Race | Sex | |
| VICTIM TWO | | | | | | |
| Name (Last, First MI) | | | | Date of Fatality: | | |
| Date of birth | | or approximate age | | Race | Sex | |
| VICTIM THREE | | | | | | |
| Name (Last, First MI) | | | | Date of Fatality: | | |
| Date of birth | | or approximate age | | Race | Sex | |
| VICTIM FOUR | | | | | | |
| Name (Last, First MI) | | | | Date of Fatality: | | |
| Date of birth | | or approximate age | | Race | Sex | |
| VICTIM FIVE | | | | | | |
| Name (Last, First MI) | | | | Date of Fatality: | | |
| Date of birth | | or approximate age | | Race | Sex | |
| VICTIM SIX | | | | | | |
| Name (Last, First MI) | | | | Date of Fatality: | | |
| Date of birth | | or approximate age | | Race | Sex | |
| Comments: | | | | | | |

Reporting Department or Company _____ Phone Number _____

Person Completing Report _____ Email Address _____

NOTE: The information contained in this report is confidential and is not to be disseminated except as provided by law.