



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Public Safety Services



STATE FIRE MARSHAL

Burn Injury Report
Title 14:403.4 (Criminal Code)

Please Print Clearly

FAX REPORT TO: 225-925-3813

Form with fields for Victim's Name, Address, City, State, Zip Code, Telephone Number, Date of Injury, Time of Injury, Percent Burned, Degree(s) of Burn(s), Area(s) of Body Injured, Injury Severity, Apparent Cause of Burn Injury, Brief Summary, Reporting Facility, Address of Reporting Facility, City, Town, Post Office, Name of Attending Physician, Date of Report, Person Filling out Report, Facility's Telephone Number, Check Her if this injury has received prior treatment.

OFFICE OF THE STATE FIRE MARSHAL
8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806
(225) 925-4911 1-800-256-5452

FAX REPORT TO: (225) 925-3813