Print Form

BOBBY JINDAL
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Public Safety Services

H. BUTCH BROWNING
STATE FIRE MARSHAL

FIRE FATALITY DATA

Reporting Dept.: _____ City/Town/Parish:_____

Address of Fire: _____ Type Structure_____

Date of Fire: _____ Time of Fire: _____

Number of Fatality Victims: _____ Number of Injuries: _____

FATALITY/INJURY INFORMATION

(Use additional pages if necessary):

Name (Last, First, MI)	Age	DOB	Race	Sex	Soc. Sec.
				M	
Description of injury (Ex: Fatality OR Smoke inhalation, burn to arm, etc.)					

Name (Last, First, MI)	Age	DOB	Race	Sex	Soc. Sec.
				M	
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				M	
Description of injury (Ex: Fatality OR Smoke inhalation, burn to arm, etc.)					

ORIGIN AND CAUSE INFORMATION

Point of Origin:_____

Likely Cause:_____

Criminal Chgs.? If so, specify:_____

Detection/Alarm/Sprinklers Present? Yes/No:__Y_____ Functional? Yes/No __Y_____

Additional Comments:_____

_____

_____

PLEASE MAIL OR FAX TO:

OFFICE OF THE STATE FIRE MARSHAL, ATTN: ARSON DIVISION
8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806
Arson: (225) 925-4205 FAX: (225) 925-3813