



South Carolina Department of Labor, Licensing and Regulation

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Division of Fire and Life Safety

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Office of State Fire Marshal Fire Fatality Report

FDID #:	Incident #:	Fire Department:	County:
Name of Deceased:		Age:	Sex M <input type="checkbox"/> F <input type="checkbox"/> Race:
Address of Fire:			
City:			ZIP:
Date of Fire:		Time of Fire:	
Weather Conditions: (check all that apply) Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> Hail <input type="checkbox"/> Lightning <input type="checkbox"/> Sleet/Ice <input type="checkbox"/>			
Date of Fatality:		How many fatalities in this incident? (1 form per fatality)	
Where did the fire occur? Single Family Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shed <input type="checkbox"/> Open Area <input type="checkbox"/> Vehicle <input type="checkbox"/> Business/Church <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Unknown <input type="checkbox"/> Other:			
Where was the body located in the structure? Kitchen <input type="checkbox"/> Bath <input type="checkbox"/> Bedroom <input type="checkbox"/> Living Area <input type="checkbox"/> Other:			
Was there a smoke alarm present? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> N/A represents non-residential/non-structures			
Was it working? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Was it properly installed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Did it have batteries? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Was it destroyed in the fire? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If the smoke alarm was working, what factors prevented escape? Asleep <input type="checkbox"/> Unconscious <input type="checkbox"/> Impaired by alcohol <input type="checkbox"/> Impaired by drugs <input type="checkbox"/> Mentally Disabled <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Physically Restrained <input type="checkbox"/> Unattended Person <input type="checkbox"/> None <input type="checkbox"/> N/A <input type="checkbox"/>			
What was the primary cause of the fire that contributed to the fatality? Arson/Murder <input type="checkbox"/> Burning Trash <input type="checkbox"/> Candles <input type="checkbox"/> Child w/lighter <input type="checkbox"/> Christmas Tree <input type="checkbox"/> Combustible Liquids <input type="checkbox"/> Cooking <input type="checkbox"/> Electrical <input type="checkbox"/> Fireplace Insert <input type="checkbox"/> Fireworks <input type="checkbox"/> Heating <input type="checkbox"/> Lightning <input type="checkbox"/> Smoking <input type="checkbox"/> Suicide <input type="checkbox"/> Vehicle <input type="checkbox"/> Under Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Unknown <input type="checkbox"/> Other:			
According to the Coroner's Office, what is the cause of death? Asphyxiation <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Thermal Burns <input type="checkbox"/> Other:			
Was there drug or alcohol impairment? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/>			
Comments			
Contact Information			
Fire Department Contact:			
Department/Agency:		Job Title:	
Phone:	E-mail:	Fax:	
Person who completed report:			
Department/Agency:		Job Title:	
Phone:	E-mail:	Fax:	
Signature:			Date: