

NWCG
**WILDLAND FIRE ENTRAPMENT/FATALITY
INITIAL REPORT**

Timely reporting of entrapments or fatalities is necessary for the rapid dissemination of accurate information to the fire management community. It will also allow fire safety and equipment specialists to quickly respond to these events as appropriate. This initial report does not replace agency reporting or investigative responsibilities, policies or procedures. Complete this report for fire-related entrapment and/or fatalities. Immediately notify the National Interagency Coordination Center (N ICC) attn: Intelligence Section. Submit this written report to the address given below within 24 hours. Submit even if some data are missing.

NICC-National Interagency Fire Center
3833 S. Development Avenue
Boise, Idaho 83705-5354

Phone-(208) 387-5400
FAX-(208) 387-5414

NICC Intelligence Section
DG-A.INT: WO2A
IAMS- FCNICCOR

General Information

- A. Date _____
- B. Fire name and location _____

- C. Number of personnel involved _____
- D. Number of injuries _____
- E. Number of fatalities _____

II. Fire Related Information

- A. Fuel Model _____
- B. Temperature _____ R.H. _____ Wind _____ (mph)
- C. Topography _____ Slope _____ %
- D. Fire size at time of incident/accident _____ Acres
- E. Urban/wildland intermix Yes No
- F. Cause of Fire Natural Incendiary Accidental Unknown

III. Entrapment

A situation where personnel are unexpectedly caught in a fire-behavior related, life threatening position where escape routes or safety zones are absent, inadequate or have been compromised. An entrapment may or may not include deployment of a fire shelter.

- A. Entrapment information
 - 1. Firefighter trapped with fire shelter without fire shelter
 - 2. Burns/smoke injuries incurred while in fire shelter YES NO
 - 3. Burns/smoke injuries incurred while escaping entrapment YES NO
 - 4. Burns/smoke injuries incurred while fighting fire YES NO
 - 5. Fire shelter performed satisfactorily YES NO
 - 6. Fire shelter was available, but not used YES NO

B. Personal Protective Equipment Used

- | | | | | | |
|-------------------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| 1. Fire Shelter | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. Protective Shirt | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Protective Pants | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. Hardhat | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Gloves | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. Boots | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Face/Neck Protection | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 8. Goggles | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IV. Fatalities

A. Type of accident

- | | |
|---|--|
| <input type="checkbox"/> 1. Aircraft | <input type="checkbox"/> 5. Vehicle |
| <input type="checkbox"/> 2. Natural (lightning, drowning, etc.) | <input type="checkbox"/> 6. Smoke |
| <input type="checkbox"/> 3. Medical (heart, stroke, heat, etc.) | <input type="checkbox"/> 7. Entrapment |
| <input type="checkbox"/> 4. Struck by Falling Object | <input type="checkbox"/> 8. Other |

B. Where fatality(s) occurred

- | | |
|---|--|
| <input type="checkbox"/> 1. Fire site | <input type="checkbox"/> 3. In transit |
| <input type="checkbox"/> 2. Incident Base | <input type="checkbox"/> 4. Other |

C. Fatalities

- Name _____ D.O.B. _____
Employment status Career Seasonal Casual Other
- Name _____ D.O.B. _____
Employment status Career Seasonal Casual Other
- Name _____ D.O.B. _____
Employment status Career Seasonal Casual Other
- Name _____ D.O.B. _____
Employment status Career Seasonal Casual Other

Note: In the event of fatality(s), do not release name(s) until next of kin are notified.

- D. Employing agency _____
- E. Unit name and address _____
- F. Firefighting part of employee's job description Yes No
- G. Person to contact for additional information _____ Phone _____
Home unit address _____

H. Brief description of accident
