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 (NICC) 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
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  □ YES □ NO
2. Protective Pants  □ YES □ NO
3. Gloves  □ YES □ NO
4. Face/Neck Protection  □ YES □ NO
5. Protective Shirt  □ YES □ NO
6. Hardhat  □ YES □ NO
7. Boots  □ YES □ NO
8. Goggles  □ YES □ NO

IV. Fatalities
A. Type of accident
   □ 1. Aircraft
   □ 2. Natural (lightning, drowning, etc.)
   □ 3. Medical (heart, stroke, heat, etc.)
   □ 4. Struck by Falling Object
   □ 5. Vehicle
   □ 6. Smoke
   □ 7. Entrapment
   □ 8. Other

B. Where fatality(s) occurred
   □ 1. Fire site
   □ 2. Incident Base
   □ 3. In transit
   □ 4. Other

C. Fatalities
1. Name________________________________________D.O.B.________________
   Employment status □ Career □ Seasonal □ Casual □ Other
2. Name________________________________________D.O.B.________________
   Employment status □ Career □ Seasonal □ Casual □ Other
3. Name________________________________________D.O.B.________________
   Employment status □ Career □ Seasonal □ Casual □ Other
4. 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____________________
H. Home unit address_____________________________________________________________________

H. Brief description of accident
____________________________________________________________________________________
____________________________________________________________________________________