

**New Jersey Department of Community Affairs
DIVISION OF FIRE SAFETY**

CIVILIAN BURN PATIENT FORM

Date of Burn:	Alarm Time (24 Hr):	Age of Victim:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Victim's Name:		Part(s) of body burned (or % BSA):		
Address where burn reportedly occurred; Street:		Victim's home address; Street:		
City	Zip Code:	City	Zip Code:	
Fire Department Name:		FDID:		
Reporting Agency:		Name of Reporting Person:		
		Phone Number of Reporting Person:		

TYPE OF BURN (Check one):

Flame Explosion

Fire Chemical

Other: _____

SEVERITY (Check one):

Minor Moderate

Severe Fatal

Cause of Fire:

Detector Present: Detector Operated:

Y N Y N

Type of Occupancy:

Room of Origin:

Remarks:

Hospital victim was transported to:

DFS USE ONLY
 Rec'd by: _____
 Date Rec'd: _____
 Time Rec'd: _____

New Jersey Division of Fire Safety
 N.F.I.R.S. Unit
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