



**INVESTIGATION DIVISION**  
402 West Washington Street  
Room E241  
Indianapolis, Indiana 46204



**FATAL FIRE NOTIFICATION**  
**FATALITY/ INJURY REPORT**

Date: \_\_\_\_\_ Date of fire: \_\_\_\_\_ Time: \_\_\_\_\_

Incident address: \_\_\_\_\_ City: \_\_\_\_\_

County \_\_\_\_\_ Zip code \_\_\_\_\_

Victim #1: Age \_\_\_\_\_ Gender \_\_\_\_\_ Fatality \_\_\_\_\_ or Injury \_\_\_\_\_

Victim #2: Age \_\_\_\_\_ Gender \_\_\_\_\_ Fatality \_\_\_\_\_ or Injury \_\_\_\_\_

Victim #3: Age \_\_\_\_\_ Gender \_\_\_\_\_ Fatality \_\_\_\_\_ or Injury \_\_\_\_\_

Victim #4: Age \_\_\_\_\_ Gender \_\_\_\_\_ Fatality \_\_\_\_\_ or Injury \_\_\_\_\_

Victim #5: Age \_\_\_\_\_ Gender \_\_\_\_\_ Fatality \_\_\_\_\_ or Injury \_\_\_\_\_

Working Smoke Detectors: \_\_\_\_\_ Type: \_\_\_\_\_

Coroner: \_\_\_\_\_ TX# \_\_\_\_\_

Case #: \_\_\_\_\_

Fire Department: \_\_\_\_\_ TX# \_\_\_\_\_

Investigator: \_\_\_\_\_ TX# \_\_\_\_\_

Cause of Fire: \_\_\_\_\_

Case# \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Did the State Fire Marshal's Office Investigation Section also investigate this incident:  
Yes\_\_\_ NO\_\_\_

**PLEASE SEND COMPLETED FORM TO: [kdavidson@dhs.in.gov](mailto:kdavidson@dhs.in.gov).**