REPORT OF BURN INJURY REGISTRY

State Form 45496 (R/9-94)
Office of the Indiana State Fire Marshal

☎ **Hotline** ☐
Burn Injury Registry Hotline 1-800-382-4628

INSTRUCTIONS: Please complete all spaces in this form.

This burn injury form must filed within 72 hours to :
Office of the Indiana State Fire Marshal ✣ 402 West Washington Street, Room 241, ✣ Indianapolis Indiana 46204
Burn Injury Registry Hotline: 1-800-382-4628

Name of victim *(last, first, middle initial)*	Telephone	Date of birth	Sex ☐ Male ☐ Female
Address *(number and street, city, state, Zip code)*			

Date of injury	Time of injury ☐ A.M. ☐ P.M.	Severity of burn ☐ 1st ☐ 2nd ☐ 3rd	Percent of body
Area(s) of burn			

CAUSE OF BURN	SPECIFY
☐ Chemical	
☐ Electrical	
☐ Fireworks	
☐ Other Specify	

SCALD	THERMAL	FLAME	
☐ Coffee / Tea	☐ Frost bite	☐ Gasoline	☐ Bonfire
☐ Radiator explosion	☐ Radiation	☐ Gasoline-trash	☐ Brush
☐ Water	☐ Steam	☐ Trailer explosion	☐ Brush-gasoline
☐ Grease	☐ Sunburn	☐ Trash explosion	☐ Commerical
☐ Other	☐ Other	☐ Vehicle	☐ Gas explosion
		☐ House	☐ Other

Other Specify

OTHER		
☐ Aerosol Products	☐ Gas Grill	☐ Lighter Fluid
☐ Charocal	☐ Grill	☐ Lighter / Matches
☐ Cigarette	☐ Hot Asphalt	☐ Lighting
☐ Cooking Utensil	☐ Hot Plate	☐ Nail Polish
☐ Curling Irons	☐ Hot Stove / Oven	☐ Road Friction
☐ Friction	☐ Iron	☐ Smoke Inhalation
☐ Unknown	☐ Other	☐ Other

Other Specify

Did victim expire? ☐ Yes ☐ No

Address where burn occured *(number, street, city)*		County
Name of reporting facility	Telephone number	County
Address *(number, street, city, state, Zip code)*		
Attending physican		

How patient arrived

☐ Ambulance - ground ☐ Private vehicle ☐ Service date _____ ☐ Transferred to _____

☐ Ambulance - air ☐ Public conveyance ☐ Other: _____ ☐ Transferred from _____