

MT FIRE DEATH INFORMATION

Date of fire	
Address	
City	
County	
Time of Day	
Name of Victim	
Gender	
Age	
DOB	
Cause of death	
Alcohol/drug content	
Working smoke detector(s)/alarm?	
Occupancy type	
Rented/Owned	
NGIRS/FPIB#	
Firefighter Injury?	
Circumstances	
Ignition Factor	