

**MAINE FIRE MARSHAL'S OFFICE
CONSUMER FIREWORKS INJURY REPORT**



The Office of the Fire Marshal would greatly appreciate the assistance of Maine's medical community in tracking consumer fireworks related injuries. The purpose of reporting these injuries is to assist the Fire Marshal in developing any necessary statutory, rule, or policy changes essential to minimizing the frequency of fireworks injuries in Maine. For more information call (207) 626-3873. Thank you.

Demographic Information:

Hospital/Clinic Name: _____

Date of Injury (month/day/year): _____

Municipality in which the injury occurred: _____

Age

0 – 4 5 – 14 15 – 20 21 - 25 26 – 44 45 and older

Type of Device:

- Hand-held (sparkler, firecracker, roman candle, smoke bomb, ground spinner)
- Display (stationary mortar, wheel, missile rocket, fountain)
- Other _____

Reason for Injury:

- Bystander (not involved with igniting device)
- User error (mishandled, relit fuse, device not set up correctly, throwing, etc.)
- Device malfunctioned (errant flight pattern, uncontained explosion)
- Other _____

Severity of Injury (circle one only)

1. No injury
2. Minor (1st degree burn, minor cut (no stitches), bruising)
3. Moderate (2nd degree burn, laceration (stitches), broken bone)
4. Significant injury (3rd degree burn, partial or total loss of digit, hearing or sight)
5. Fatality

Body Part Injured (check one):

- Head/face
- Extremity
- Torso

Comments

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FOR AN ONLINE POSTING OF THIS FORM AND MORE INFORMATION ON CONSUMER FIREWORKS IN MAINE SEE: <http://www.maine.gov/dps/fmo/fireworks/index.html>