

NASFM JUVENILE FIRESETTING INTERVENTION PROJECT DATA COLLECTION FORM

AGENCY INFORMATION

State _____ FDID# _____ Incident Date ___/___/___

CHILD INFORMATION (One form per incident; place answer in appropriate box)

	Child 1	Child 2	Child 3	Child 4
Age of child at time of incident				
Gender M (Male) F (Female)				
Grade in school P (Preschool) K-12 (Enter Grade Level) HS (Home School) SE (Special Education) NS (Not in School)				
Language spoken at home E (English) S (Spanish) O (Other) Specify _____				
Previous fireplay or misuse of fire Y (Yes) N (No)				
Previous reported fire/ fire department response Y (Yes) N (No)				
Other agency working with family M (Mental Health) SS (Social Services) JJ (Juvenile Justice) O (Other) Specify _____				

INCIDENT INFORMATION (One form per incident)

Number of fatalities resulting from this incident: _____ Number of injuries resulting from this incident: _____ Number of people displaced as a result of this incident: _____ Dollar loss estimate (as per report only) \$ _____	Who was involved with this incident? <input type="checkbox"/> Child acted alone <input type="checkbox"/> Other unknown children involved
	Original ignition source? (Select one) <input type="checkbox"/> Match <input type="checkbox"/> Lighter <input type="checkbox"/> Heating Appliance <input type="checkbox"/> Stove <input type="checkbox"/> Candles <input type="checkbox"/> Other (specify) _____

DATA COLLECTION FORM

INCIDENT INFORMATION - Page 2

<p>Item first ignited by ignition source? (Select one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Paper/Cardboard/Tissue <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Grass/Leaves/Branches <input type="checkbox"/> Flammable/Combustible Liquid <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Bedding <input type="checkbox"/> Toys <input type="checkbox"/> Trash/Garbage <input type="checkbox"/> Animal/Person <input type="checkbox"/> Aerosol sprays <input type="checkbox"/> Explosive device </td> </tr> </table>	<input type="checkbox"/> Paper/Cardboard/Tissue <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Grass/Leaves/Branches <input type="checkbox"/> Flammable/Combustible Liquid <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____	<input type="checkbox"/> Bedding <input type="checkbox"/> Toys <input type="checkbox"/> Trash/Garbage <input type="checkbox"/> Animal/Person <input type="checkbox"/> Aerosol sprays <input type="checkbox"/> Explosive device	<p>Action taken in response to fire? (Check all that apply)</p> <input type="checkbox"/> Nothing <input type="checkbox"/> Referred to Youth Firesetting Intervention/Education <input type="checkbox"/> Referred to Legal Authority (Police/Fire Investigator) <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Paper/Cardboard/Tissue <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Grass/Leaves/Branches <input type="checkbox"/> Flammable/Combustible Liquid <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____	<input type="checkbox"/> Bedding <input type="checkbox"/> Toys <input type="checkbox"/> Trash/Garbage <input type="checkbox"/> Animal/Person <input type="checkbox"/> Aerosol sprays <input type="checkbox"/> Explosive device		
<p>Referral to program initiated by? (Select one)</p> <input type="checkbox"/> Fire report <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> School <input type="checkbox"/> Mental Health <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other (specify) _____	<p>Ignition source obtained from? (Select one)</p> <input type="checkbox"/> Own home <input type="checkbox"/> Other person/location <input type="checkbox"/> Found outdoors <input type="checkbox"/> Other (Specify) _____		
<p>Fire incident result? (Select one)</p> <input type="checkbox"/> Intentional result (intended to ignite/burn all objects that did burn) <input type="checkbox"/> Non-intentional result (fireplay, other fire use that got out of control)	<p>Caregiver at time of incident? (Select one)</p> <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Sitter (approximate age) _____ <input type="checkbox"/> School <input type="checkbox"/> No one <input type="checkbox"/> Other (specify) _____		
<p>Where did the incident occur? (Select one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Inside family home (single family home) <input type="checkbox"/> Inside family home (apartment/multi-family) <input type="checkbox"/> Other structure at home (shed, garage, etc.) <input type="checkbox"/> Yard at home </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Park/Field/Vacant Lot <input type="checkbox"/> School <input type="checkbox"/> Vehicle (at home or away) <input type="checkbox"/> Other (Specify) _____ </td> </tr> </table>		<input type="checkbox"/> Inside family home (single family home) <input type="checkbox"/> Inside family home (apartment/multi-family) <input type="checkbox"/> Other structure at home (shed, garage, etc.) <input type="checkbox"/> Yard at home	<input type="checkbox"/> Park/Field/Vacant Lot <input type="checkbox"/> School <input type="checkbox"/> Vehicle (at home or away) <input type="checkbox"/> Other (Specify) _____
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