



REPORT OF BURN INJURY REGISTRY

State Form 45496 (R2 / 1-07)
DEPARTMENT OF HOMELAND SECURITY

This burn injury form must be filed within 72 hours to:
DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
302 West Washington Street, Room E241
Indianapolis, Indiana 46204
Burn Injury Registry Hotline: 1-800-382-4628
Fax: (317) 233-8494

INSTRUCTIONS: Please complete all spaces in this form.

| | | | | |
|--|---|---|----------------------------------|--|
| Name of victim (last, first, middle initial) | | Telephone number () | Date of birth (month, day, year) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address (number and street, city, state, and ZIP code) | | | | |
| Date of injury (month, day, year) | Time of injury <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | Severity of burn <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd | Percent of body | |
| Area(s) of burn | | | | |

| CAUSE OF BURN | SPECIFY |
|--|---------|
| <input type="checkbox"/> Chemical | |
| <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Fireworks | |
| <input type="checkbox"/> Other Specify | |

| SCALD | THERMAL | FLAME | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> Coffee / Tea | <input type="checkbox"/> Frost bite | <input type="checkbox"/> Gasoline | <input type="checkbox"/> Bonfire |
| <input type="checkbox"/> Radiator explosion | <input type="checkbox"/> Radiation | <input type="checkbox"/> Gasoline-trash | <input type="checkbox"/> Brush |
| <input type="checkbox"/> Water | <input type="checkbox"/> Steam | <input type="checkbox"/> Trailer explosion | <input type="checkbox"/> Brush-gasoline |
| <input type="checkbox"/> Grease | <input type="checkbox"/> Sunburn | <input type="checkbox"/> Trash explosion | <input type="checkbox"/> Commerical |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Gas explosion |
| | | <input type="checkbox"/> House | <input type="checkbox"/> Other |
| Other, specify | | | |

| OTHER | | |
|---|---|--|
| <input type="checkbox"/> Aerosol Products | <input type="checkbox"/> Gas Grill | <input type="checkbox"/> Lighter Fluid |
| <input type="checkbox"/> Charocal | <input type="checkbox"/> Grill | <input type="checkbox"/> Lighter / Matches |
| <input type="checkbox"/> Cigarette | <input type="checkbox"/> Hot Asphalt | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Cooking Utensil | <input type="checkbox"/> Hot Plate | <input type="checkbox"/> Nail Polish |
| <input type="checkbox"/> Curling Irons | <input type="checkbox"/> Hot Stove / Oven | <input type="checkbox"/> Road Friction |
| <input type="checkbox"/> Friction | <input type="checkbox"/> Iron | <input type="checkbox"/> Smoke Inhalation |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| Other, specify | | |

| | | |
|---|--|--|
| Did victim expire? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address where burn occurred (number and street, city, state, and ZIP code) | | County |
| Name of reporting facility | Telephone number () | County |
| Address (number and street, city, state, and ZIP code) | | |
| Attending physician | | |
| How patient arrived | | |
| <input type="checkbox"/> Ambulance - ground | <input type="checkbox"/> Private vehicle | <input type="checkbox"/> Service date (month, day, year) _____ |
| <input type="checkbox"/> Ambulance - air | <input type="checkbox"/> Public conveyance | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Transferred to _____ |
| | | <input type="checkbox"/> Transferred from _____ |