



DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY

FIREWORKS OPERATOR DISPLAY ACCIDENT REPORT

PART I

Missouri Rules 11CRS 40-3.010.11 requires an accident report be submitted.

Type of Display: [ ] Outdoor [ ] Indoor

Date of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_

Names of Operator: \_\_\_\_\_ License Number: \_\_\_\_\_

Name/Sponsor of the Display: \_\_\_\_\_

Location of Display: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Was an unsafe or defective pyrotechnic device product used or observed during the display?
[ ] Yes [ ] No (If yes, fill out and complete Part 2 of this form)

Was there an injury as a result of the above display?
[ ] Yes [ ] No (If yes, fill out and complete Part 3 of this form)

Was there property damage or a fire resulting from the display?
[ ] Yes [ ] Yes (If yes, fill out and complete Part 4 of this form)

Part 2 - Defective Product

List all fireworks that were duds, malfunctioned, or defective. For each fireworks listed, the report should include; Type of fireworks, size of fireworks, and manufacture's name. (Use separate sheet for additional defective products)

Table with 3 columns: Type of Fireworks, Size of Fireworks, Manufacturer. Rows 1-4.

**Part 3 - Injuries**

Describe any injuries caused by fireworks. Each injury shall be listed separately, and will include the type of fireworks that injured the person, cause of injury, type of injury, and name, address, age, and telephone number of the injured person. (Use separate sheet for additional injures.)

**Type of Fireworks:** \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Name of Injured: \_\_\_\_\_

Address of Injured: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**Type of Fireworks:** \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Name of Injured: \_\_\_\_\_

Address of Injured: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**Part 4 – Property Damage**

Describe any fires or property damage caused by fireworks. Each fire/damage will be listed separately and shall include the type of fireworks the started the fire/damage, cause of the fire/damage, and dollar loss of the damage that occurred. (Use separate sheet for addition fires/damages.)

Type of Fireworks	Cause of Fire/Damage	Dollar Loss:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I verify that the above information is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Additional Comments: