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 manufacturer’s name. (Use separate sheet for additional defective products)

<table>
<thead>
<tr>
<th>Type of Fireworks</th>
<th>Size of Fireworks</th>
<th>Manufacturer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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 injuries.)

**Type of Fireworks:** ____________________________________________________

Cause of Injury: ________________________________________________________

Type of Injury: _________________________________________________________

Name of Injured: _________________________________________________________

Address of Injured: _____________________ City/State/Zip: ___________________

Age: _______ Telephone Number: ______________________________

**Type of Fireworks:** ____________________________________________________

Cause of Injury: ________________________________________________________

Type of Injury: _________________________________________________________

Name of Injured: _________________________________________________________

Address of Injured: _____________________ City/State/Zip: ___________________

Age: _______ Telephone Number: ______________________________

**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 that started the fire/damage, cause of the fire/damage, and dollar loss of the damage that occurred. (Use separate sheet for additional fires/damages.)

<table>
<thead>
<tr>
<th>Type of Fireworks</th>
<th>Cause of Fire/Damage</th>
<th>Dollar Loss:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________</td>
<td>_____________________</td>
<td>______________</td>
</tr>
<tr>
<td>2. __________________</td>
<td>_____________________</td>
<td>______________</td>
</tr>
<tr>
<td>3. __________________</td>
<td>_____________________</td>
<td>______________</td>
</tr>
<tr>
<td>4. __________________</td>
<td>_____________________</td>
<td>______________</td>
</tr>
</tbody>
</table>
I verify that the above information is true, correct and complete to the best of my knowledge.

Signature: ____________________________    DATE: ______________

Additional Comments: