Minnesota Department of Public Safety
State Fire Marshal Division

Fireworks Injury Report

Name of medical facility:

Facility address:

City: State: MN

ZIP Code:

Date of injury: Age of victim: Gender:

Description of injury:

Type of fireworks involved:

If other, please describe:

Comments:

Optional: For use in case additional information is necessary. Name and phone number will not become part of the injury database.

Name of person completing report: Daytime phone number:

Reset form | Print form | Submit form

This form may be submitted electronically by clicking the “submit by email” button above. **Attach the completed form as a PDF to the email.** The form may also be printed and submitted by mail or fax. See the information below.

To submit by mail or fax:
Minnesota State Fire Marshal Division
Fireworks Injury Reporting
445 Minnesota St., Suite 145
St. Paul, MN 55101
Fax: 651-215-0525