

Washington State Firearm Injury Reporting System

Note: This form is to be used for reporting all gunshot wounds treated in emergency departments.



1. Hospital name _____ 2. Medical Record # _____

3. Patient name _____
Last name First name Middle initial

4. Residence _____
City or Town State ZIP

5. Date of Birth _____
month day year

6. Sex at Birth 1 Male 2 Female
3 Other 4 Unknown

7. Date of shooting _____
month day year

8. Time of shooting (military) _____

9. Where shooting occurred _____
City or town

check if outside city limits _____ check if out of state limits
County

10. Was Victim at work or working
1 Yes 2 No 3 Unknown

14. Relationship between Victim and Shooter (check one)

11. Location of Victim when shot
- 1 Victim's home (including entranceway, yard or driveway)
 - 2 Other person's home (including entranceway, yard or driveway)
 - 3 Bar / club (including parking lot)
 - 4 School
 - 5 Street / road / parking lot
 - 6 Inside automobile
 - 7 Inside public building / store / restaurant
 - 8 Motel / hotel
 - 9 Park / play field / other outdoor setting
 - 10 Other (specify): _____

- 1 Self 2 Stranger 3 Gang related
- 4 Shot by police 5 Acquaintance
- 6 Spouse / lover / boyfriend / girlfriend (current or ex)
- 7 Other family member 8 Unknown

15. Circumstance

- 1 Child playing with weapon 2 Weapon cleaning
- 3 Hunting 4 Family or intimate partner violence
- 5 Other fight or argument related
- 6 Other / unknown

12. Gun type

- 1 Handgun 2 Shotgun 3 Rifle
- 4 BB / pellet gun 5 Other (specify): _____
- 6 Unknown

16. Location of gunshot wound(s) (check all that apply)

- 1 Head / neck / face 2 Chest / abdomen / back
- 3 Shoulders / buttocks / limbs / hands/ feet / digits
- 4 Other (specify): _____

13. Intent

- 1 Assault 2 Suicide (attempt or fatal)
- 3 Accident 4 Shot by Police
- 5 Unknown

17. Disposition from emergency department

- 1 Admitted 2 Discharged 3 Died
- 4 Transferred to other medical facility (specify): _____

Please return to:

Washington Firearm Injury Reporting System
Department of Health, PO Box 47855, Olympia, WA 98504-7855

Questions? Call Injury and Violence Prevention Program at (360) 236-2857

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov