

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 _____ 6. Gender 1 Male 2 Female
month day year

7. Date of shooting _____ 8. Time of shooting (military) _____
month day year

9. Where shooting occurred _____
City or town check if outside city limits _____ County check if out of state limits

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

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): _____

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

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

14. Relationship between Victim and Shooter (check one)
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

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): _____

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