

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

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 47832, Olympia, WA 98504-7832

Questions? Call Injury and Violence Prevention Program at (360) 236-2800