附件2：

**因燃放烟花爆竹发生的人身伤害救治等相关情况统计表**

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| --- | --- | --- | --- | --- | --- | --- |
| 救治机构 | 伤者姓名 | 性别 | 年龄 | 伤 情 | 燃放地点 | 燃放者(本人或他人) |
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填报单位： 填报人： 联系电话：