

BOYLE COUNTY FIRE PROTECTION DISTRICT FIRE INCIDENT REPORT

Alarm Time: _____

DATE	RUN NUMBER	DAY OF THE WEEK	ALARM TIME	ON-SCENE TIME	CLEARED TIME
			DISPATCH TIME	CONTROLLED TIME	IN QUARTERS
TYPE OF SITUATION FOUND <input type="checkbox"/> STRUCTURE FIRE <input type="checkbox"/> VEHICLE FIRE <input type="checkbox"/> BRUSH / GRASS FIRE <input type="checkbox"/> REFUSE FIRE <input type="checkbox"/> ALARM DROP <input type="checkbox"/> CONTROLLED BURN <input type="checkbox"/> HAZ MAT INCIDENT <input type="checkbox"/> OTHER _____			TYPE OF ACTION TAKEN <input type="checkbox"/> EXTINGUISHMENT GALLONS OF WATER USED _____ <input type="checkbox"/> REMOVE HAZARD <input type="checkbox"/> MUNICIPAL WATER SOURCE <input type="checkbox"/> INVESTIGATION ONLY <input type="checkbox"/> STATIC WATER SOURCE <input type="checkbox"/> OTHER _____		
FIXED PROPERTY USE			IGNITION FACTOR		
INCIDENT LOCATION				RESPONSE DISTRICT	
OCCUPANT NAME		TELEPHONE	WEATHER	WIND DIREC & SPEED	TEMP
OWNER'S NAME		ADDRESS		TELEPHONE	
METHOD OF ALARM FROM PUBLIC		INSURANCE COMPANY AND CONTACT PERSON			
CIVILIAN INJURY / DEATH		FIREFIGHTER INJURY / DEATH		TOTAL NUMBER OF FIREFIGHTERS ON SCENE	
FIRE APPARATUS RESPONDING ENGINES _____ TANKERS _____ RESCUE TRUCKS _____ BRUSH TRUCKS _____ OTHER _____					
FIRE CAUSE DETERMINATION <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> NATURAL <input type="checkbox"/> INCENDIARY <input type="checkbox"/> UNDETERMINED			FIRE CAUSE DETERMINATION MADE BY		

Incident Location: _____

➔ **COMPLETE THE SECTION BELOW FOR ALL FIRES**

PROPERTY USE / TYPE		MOBILE PROPERTY TYPE
AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION
FORM OF HEAT OF IGNITION		FORM & TYPE OF MATERIAL FIRST IGNITED
METHOD OF EXTINGUISHMENT		LEVEL OF FIRE ORIGIN
		ESTIMATED DOLLAR LOSS

Incident Date: _____

➔ **COMPLETE THE SECTION BELOW FOR STRUCTURE FIRES ONLY**

NUMBER OF STORIES ABOVE GROUND	NUMBER OF STORIES BELOW GROUND	CONSTRUCTION TYPE			
FIRE SUPPRESSION SYSTEMS PRESENT?	SMOKE DETECTORS PRESENT?		CARBON MONOXIDE DETECTORS PRESENT?	DETECTOR PERFORMANCE?	
EXTENT OF FLAME DAMAGE			EXTENT OF SMOKE DAMAGE		
UTILITIES IN SERVICE AT TIME OF FIRE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> WATER <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> PROPANE <input type="checkbox"/> TELEPHONE <input type="checkbox"/> CABLE <input type="checkbox"/> WELL / CISTERN <input type="checkbox"/> GENERATOR			UTILITIES DISCONNECTED BY FIRE OPERATIONS / UTILITY COMPANY?		
IF MOBILE PROPERTY OR EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NUMBER	LICENSE NUMBER
VEHICLE IDENTIFICATION NUMBER (VIN) AND DESCRIPTION OF VEHICLE					
OFFICER IN CHARGE AND UNIT NUMBER			MEMBER COMPLETING REPORT		DATE OF REPORT
MUTUAL AID GIVEN / RECEIVED / AGENCIES			UNIFIED INCIDENT COMMANDER (IF APPLICABLE)		

Station: _____

