



Hale Fire Protection District

Fire Incident Report



DATE	DISPATCH TIME	ON SCENE TIME	CLEARED TIME	INCIDENT COMMANDER & NUMBER
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"/> CONTROLLED BURN <input type="checkbox"/> HAZMAT 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 (HALE) <input type="checkbox"/> DRAFTING <input type="checkbox"/> MUNICIPAL WATER (AVALON) <input type="checkbox"/> OTHER _____		
INCIDENT LOCATION				UNITS RESPONDING
OWNER'S NAME		OWNER PHONE		
OWNER'S ADDRESS				
WEATHER	WIND DIRECTION	WIND SPEED	TEMPERATURE	PERSONNEL
INSURANCE COMPANY & CONTACT				
CIVILIAN DEATH/INJURY		PERSONNEL DEATH/INJURY		
PROPERTY USE/TYPE		MOBILE PROPERTY TYPE		
AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION		
METHOD OF EXTINGUISHMENT				TOTAL NUMBER PERSONNEL ON SCENE _____
				FORM AND TYPE OF MATERIAL FIRST IGNITED
				ACRES LOST

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 (CIRCLE ALL THAT APPLY)				
ELECTRICITY				NATURAL GAS
TELEPHONE/INTERNET				WELL/CISTERN
WATER				PROPANE
CABLE				GENERATOR
WOOD BURNING HEAT				WOOD BURNING A/C
UTILITIES DISCONNECTED BY FIRE OPERATIONS/UTILITY COMPANY				IF MOBILE PROPERTY OR EQUIPMENT (FILL OUT BELOW)
	YEAR	MAKE	MODEL	SERIAL NUMBER
	LICENSE NUMBER			
	VIN & DESCRIPTION OF VEHICLE			
INCIDENT COMMAND SIGNATURE	DATE	FIRE CHIEF SIGNATURE	DATE	