



MERCER COUNTY FIRE PROTECTION DISTRICT FIRE INCIDENT REPORT



Alarm Time:

| | | | | | |
|------|------------|-----------------|---------------|-----------------|--------------|
| DATE | RUN NUMBER | DAY OF THE WEEK | DISPATCH TIME | ON-SCENE TIME | CLEARED TIME |
| | | ALARM TIME | EN-ROUTE 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 (NORTH MERCER) <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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|

→ 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 |

→ 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) | | |

Incident Location:

Incident Date:

Station:

