

Fire Incident Notes

Incident Number	Location	Incident Date
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Weather Conditions at Time of Incident

<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Lightning	<input type="checkbox"/> Heavy Ice Buildup
Temperature _____ Wind Direction _____ Wind Speed _____					

Property Description

<input type="checkbox"/> Structure	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Wildland	<input type="checkbox"/> Other _____
<input type="checkbox"/> Occupied	<input type="checkbox"/> Unoccupied	<input type="checkbox"/> Vacant/Abandoned			

Owner

Name (including middle initial)			Date of Birth
Doing Business As (if applicable)			
Address			
Home Phone	Work Phone	Cell Phone	Other Contact Number

Occupant(s)

Name (include business name if applicable)			Date of Birth
Permanent Address		Temporary Address	
Home Phone	Work Phone	Cell Phone	Other Contact Number

Occupant(s)

Name (include business name if applicable)			Date of Birth
Permanent Address		Temporary Address	
Home Phone	Work Phone	Cell Phone	Other Contact Number

Discovered By

Name	Address	Date of Birth	
Home Phone	Work Phone	Cell Phone	Other Contact Number

Reported By

Name	Address	Date of Birth	
Home Phone	Work Phone	Cell Phone	Other Contact Number

Event Statistics and Times

Reported At (time)	Date Reported	Reported to	<input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> other	911 call <input type="checkbox"/> No <input type="checkbox"/> Yes Recorded <input type="checkbox"/> No <input type="checkbox"/> Yes
Fire Dept Paged	Fire Dept Arrived	Extinguishment Initiated	Fire Under Control	Fire Dept Departs