

WALNUT STREET FIRE CO. # 4

INCIDENT REPORT

Incident Date ____ / ____ / ____ **Address** _____

Run Number ____ - ____ **Alarm Time** ____ : ____ **Return Time** ____ : ____

Owner Name _____ **Address** _____

Occupants _____

VEHICLES **Make** _____ **Model** _____

License Tag _____ **VIN** _____

STRUCTURES **Industrial** ____ **Commercial** ____ **Institutional** ____ **Residential** ____

Height ____ **Wood Frame** ____ **Ordinary** ____ **Non-Combustible** ____

Describe _____

INCIDENT **Automatic Alarm** ____ **Malicious False** ____ **Mistaken Citizen** ____

TYPE **Structure Fire** ____ **Vehicle Fire** ____ **Rubbish** ____ **Grass / Brush** ____

Rescue ____ **Hazmat** ____ **Water Flow** ____ **Other** ____

Describe Incident _____

ACTION TAKEN (check all that apply) **Extinguishment** ____ **Ventilation** ____

Search & Rescue ____ **Salvage / Overhaul** ____ **Stand By** ____

Investigate ____ **Remove Hazard** ____ **Force Entry** ____

Cancelled Enroute ____ **Other (describe)** _____

Members Present _____ **Injuries :** (list on reverse) **Firefighters** ____ **Civilians** ____

Officer In Charge _____ **Driver – Operator** _____

