

Station 1600 Run Report

740-867-5019



FDID 44-127	INCIDENT NO.	EXP	Month	Day	Year	Alarm Time	On Scene	Controlled	In-Service	
Alarm Location			[Number/Street Name / Apartment #]					County	TWP.	
Mutual Aid [] N/A [] Received [] Given (Indicate Dept) FD: _____		INCIDENT TYPE				Actions Taken [] Extinguish 11 [] Investigate 86 [] EMS 30 [] Remove Hazard 45 [] Remove Water 66 [] Assistance Misc. 70 [] Standby 92 <small>List Actions Taken (NFIRS uses MAXIMUM of THREE) Other Codes Available</small>				
RESOURCES Apparatus Personnel FD _____ EMS _____ OTH _____		ESTIMATED DOLLAR LOSSES / VALUES Property Contents Pre-Incident Value \$ _____ \$ _____ Post Incident Losses \$ _____ \$ _____ Insur. Co.: _____				CASUALTIES DEATHS INJURIES [] NONE FD: _____ Civilian: _____ Policy: _____				
PROPERTY USE		MIXED USE PROPERTY								
PERSON / ENTITY INVOLVED		[] Check if Address is SAME as Incident Address								
Business Name		A/C			Phone Number					
[] Mr. [] Mrs. [] Ms.		First Name		MI		Last Name			Title	
Number		Street Name Apt. / P.O. Box			City			State		Zip Code
OWNER		[] Check if SAME as Person/Entity Involved				[] Check if address is SAME as Incident Address				
[] Mr. [] Mrs. [] Ms.		First Name		MI		Last Name			Title	
Number		Street Name Apt. / P.O. Box			City			State		Zip Code
PROPERTY DETAILS		GPS Coordinates: LAT: _____ LONG: _____								
[] NOT Residential		[] NO Buildings Involved			[] NONE [] Less 1 Acre					
# Of Residential Living Units		# Of Buildings INVOLVED			# Acres Burned (OUTSIDE FIRES ONLY)					
IGNITION FACTORS		[] Confined TO Object of Origin								
Area of Origin		Heat Source			Item First Ignited			[] Confined TO Object of Origin		
Cause of Ignition:		[] 1 Intentional [] 2 Unintentional [] 3 Failure Equip./Heat Source [] 4 Act of Nature [] 5 Cause Under Investigation								
Factors Contributing to Ignition:		[] NONE								
Human Factors Contributing to Ignition:		[] NONE [] 1 Asleep [] 2 Poss. Impaired Alcohol/Drugs [] 3 Unattended Person [] 4 Possibly Mental Disabled [] 5 Physically Disabled [] 6 Multiple Persons Involved [] 7 Age was a Factor Estimated Age: _____ [] Male [] Female								
Equipment Involved in Ignition:		[] NONE							Equip Yr.> _____	
Equipment Involved		Brand		Model			Serial #			
Equipment Power:		Equipment: [] PORTABLE [] STATIONARY								
MOBILE PROPERTY		[] NONE [] NOT Involved In Ignition But Burned [] Involved In Ignition DID NOT Burn [] Involved & Burned								
Mobile Property Type		Mobile Property Make			Mobile Property Model			Year		
License Plate #		State		Mobile Property VIN (Vehicle Identification #)						
STRUCTURE INFORMATION		[] NOT A STRUCTURE FIRE								
[] Enclosed Building [] Portable/Mobile Structure [] Open Structure [] Air Supported Structure [] Tent [] Open Platform [] Underground [] Connective Structure [] Other Typr Structure: _____		Building Status: [] 1 Under Construction [] 2 Occupied/Operating [] 3 Idle, Not Used Routinely [] 4 Under Major Renovation [] 5 Vacant/Secured [] 6 Vacant/Unsecured [] 7 Being Demolished [] Undetermined [] Other _____								

Complete the Other Side

STRUCTURE INFORMATION [Length & Width in FT / Total SQ FT of MAIN FLOOR]

Building Height: _____ **X** _____ = _____ **NUMBER OF STORIES**
 Bldg. Length Bldg. Width Total SQ FT Above Grade _____ Below Grade _____

NUMBER OF STORIES DAMAGED BY FIRE

Minor	Moderate	Heavy	Extreme
1-24%	25-49%	50-74%	75 -100%

STORY OF FIRE ORIGIN: _____ [] Below Grade

DETECTORS [] NONE PRESENT [] PRESENT [] UNDETERMINED

EFFECTIVENESS: [] ALERTED Occupants/Occupants Responded [] ALERTED Occupants/Occupants FAILED to Respond
 [] No Occupants [] FAILED to ALERT Occupants

DETECTOR TYPE: [] 1 Smoke [] 2 Heat [] 3 Combination Heat/Smoke [] 4 Sprinkler/Waterflow [] Undetermined
 [] Other _____

DETECTOR OPERATION: [] 1 Fire too Small to Activate [] 2 Operated [] 3 Failed To Operate [] Undetermined

DETECTOR FAILURE: [] 1 Power Failure/Shutoff Disconnected [] 2 Improper Installation/Placement [] 3 Defective
 [] 4 Lack of Maintenance/Cleaning [] 5 Battery Missing/Disconnected [] 6 Battery Dead/Discharged
 [] Undetermined [] Other _____

AUTOMATIC EXTINGUISHING SYSTEMS [] None Present [] System Present & Operated [] System FAILED

AES TYPE: [] 0 Special Hazard System, Other [] 1 Wet Pipe Sprinkler [] 2 Dry Pipe Sprinkler [] 3 Other Sprinkler System
 [] 4 Dry Chemical System [] 5 Foam System [] 6 Halogen Type System [] 7 Carbon Dioxide [] Undertermined

AES OPERATION: [] 0 Operation of AES, Other [] 1 System Operated & Effective [] 2 System Operated NOT Effective
 [] 3 Fire too Small to Activate [] 4 System DID NOT OPERATE [] Undetermined

Number of HEADS OPERATED: _____

AES FAILURE: [] 0 Reason System Not Effective, Other [] 1 System Shut-Off [] 2 Not Enough Agent Discharged to Control Fire
 [] 3 Agent Discharged, But Did NOT Reach Fire [] 4 Inappropriate System for the Type of Fire
 [] 5 Fire Not in Area Protected By System [] 6 System Components Damaged [] 7 Lack of Maintenance,
 Including Corrosion, Heads Painted [] 8 Manual Intervention Defeated System [] Undetermined

NARRATIVE

Truck # _____	Dr? _____	Truck # _____	Dr? _____	Truck # _____	Dr? _____	Truck # _____	Dr? _____
Unit _____	_____	Unit _____	_____	Unit _____	_____	Unit _____	_____
Names _____	_____	Names _____	_____	Names _____	_____	Names _____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Units on Stand-by at station: _____

FIRE DEPT USE ONLY * DO NOT SEND TO THE STATE FIRE MARSHAL**

REPORT AUTHORIZATIONS

X _____ **X** _____
Officer In Charge *Date* *Person Making Report*