**Polk City Fire Department**

**Fire Incident Report**

## Call Date: Polk County Run Number:

## Incident Address:

**INCIDENT TYPE:** (circle one that applies)

RESIDENTIAL (FIRE or ALARM) COMMERCIAL (FIRE or ALARM)

FIRE/CO2 ALARM VEHICLE FIRE GRASS FIRE OTHER\_\_\_\_\_\_\_\_\_\_

**ACTION TAKEN:** (circle one that applies)

 EXTINGUISH INVESTIGATE SALVAGE/OVERHAUL

 OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESTIMATED DOLLAR LOSS:**

 PROPERTY $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRE-FIRE VALUE $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CONTENTS $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRE-FIRE VALUE $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DID DETECTOR ALERT OCCUPANTS:** YES NO N/A

**WAS 911 CONTACTED BY PERSON INVLOVED:** YES NO Who

**SPRINKLER SYSTEM ACTIVATED:** YES NO N/A

**KNOX BOX INSTALLED:** YES NO N/A

**KNOX BOX KEY RELEASED & USED:** YES NO N/A

**If YES, LIST CREW MEMBERS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNER INFORMATION:**

 BUSINESS NAME

 OWNER NAME ADDRESS

 CITY STATE ZIP

 PHONE NUMBER

**OCCUPANT INFORMATION:**

 OCCUPANT NAME ADDRESS

 CITY STATE ZIP

 PHONE NUMBER

**INJURY/ FATALITY:**

 NAME AGE

 ADDRESS Ph.:

 CITY STATE ZIP

 CAUSE OF INJURY/ FATALITY

 TRANSPORTED/ RELEASED TO

NAME AGE

 ADDRESS Ph.: CITY STATE ZIP

 CAUSE OF INJURY/ FATALITY

 TRANSPORTED/ RELEASED TO

NAME AGE

 ADDRESS Ph.: CITY STATE ZIP

 CAUSE OF INJURY/ FATALITY

 TRANSPORTED/ RELEASED TO

**STRUCTURE FIRE:**

 CAUSE OF IGNITION

 AREA OF ORIGIN

 ITEM 1ST IGNITED HEAT SOURCE

 APPROX. ROOM SIZE X SQ.FT

**GRASS FIRE:**

 CAUSE OF IGNITION

 AREA OF ORIGIN

 ITEM 1ST IGNITED HEAT SOURCE

 APPROX. ACRES BURNED

**VEHICLE INFORMATION (if applicable):** (circle one that applies)

 PASSENGER VEHICLE COMMERICAL VEHICLE MOTORCYCLE RECREATIONAL VEHICLE

OTHER

VEHICLE MAKE

 MODEL

 YEAR VIN#

 PLATE # ISSUING STATE

CAUSE OF IGNITION

AREA BURNED

**HAZARDOUS MATERIALS RELEASE:**

 ESTIMATED AMOUNT OF RELEASE

 PHYSICAL STATE WHEN RELEASED (circle one that applies)

 SOLID LIQUID GAS UNKNOWN

 KNOWN AREA AFFECTED

 AREA EVACUATED YES NO NA

 # OF PEOPLE EVACUATED

 WHERE WERE THEY EVACUATED TO

 CAUSE OF RELEASE

 EQUIPMENT INVOLVED IN RELEASE\*

 BRAND MODEL

 SERIAL # YEAR

 \*IF VEHICLE WAS INVOLVED – USE VEHICLE FIRE AREA FOR INFORMATION

**INCIDENT NARATIVE:**

**MEMBER MAKING REPORT**

**OFFICER IN CHARGE**

## **TO THE OWNER/OCCUPANT**

I HEREBY GIVE THE MEMBERS OF THE POLK CITY FIRE DEPARTMENT PERMISSION TO ACCESS THE FIRE SCENE AS NECESSARY TO DETERMINE THE CAUSE AS REQUIRED BY SEC 100.3 OF THE CODE OF IOWA.

SIGNED: DATE:

PRINT: PHONE:

WITNESS: