**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: