DeKalb County Fire Department
Field Incident Report

Engine #: Back-up Engines	**Date of Incident: ____/____/_____** **Time: _____a.m/p.m**
Type of Incident: ___structure ___grass __woodland ___automobile ___trash __landing zone __extrication __auto wreck	**Location of Incident:**
Owner: **Renter:** **Operator:**	**Owner Address:** **Phone #: ( )**
Vehicle Information: **Tag No.:** **VIN:** **Make/Model:**	**Insurance Company:** **Address:** **Phone #:** **Agent:**
Method of Extinguishment: **__Extinguisher __Foam __Water __Hand Tools**	**Number of Attack Lines:** **1 3/4" _____feet 3" _____feet**
Public Water System Used: (check one) **DeKalb Utility District _____ City of Alexandria____ _____(other)** **City of Dowelltown/Liberty ____ City of Smithville____ estimated # gallons used_____**	
Extent of Damage:(1 to 5, with 1 the least) **Fire____** **Smoke____** **Water_____**	**Number of Civilian Injuries:_____** **Number of Civilian Deaths: _____** **Number of Firefighter Injuries: _____** **Number of Firefighter Deaths: _____**
Type of Structure: **__1-Story House __2-Story House** **__Single-Wide Mobile __Double-wide mobile** **__Garage __Barn __Commerical_____**	**Utilities Connected:** **Electricity: _____ Disconnected by:** **Natural Gas: _____ _____** **Propane: _____** **Water: _____**

Narrative: (include origin of fire, 1st firefighter on scene, witnesses, statements, others on scene):

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Continued on Reverse Side

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Structure Incidents:

Smoke Detector Present:___yes ____no Operating Properly: ___yes ___no

Was the structure occupied?___yes ___no Was the building secured?___yes ___no

Size of structure: _____feet long X _____feet wide How many stories?_____

Origin of fire: ___basement ___1st. floor ____2nd. floor ____3rd. floor___attic ____unknown

Approx. value of structure pre-fire: $_____ Approx. value after incident:$_____

Did the fire department use forcible entry?_____If yes, who forced entry?_____

Information for ALL FIRE INCIDENTS:

Who reported the fire?_____
Did the fire spread to other property?_____
If yes, describe property:_____
Cause of Ignition: ___accidental ___intentional ___under investigation ___act of nature

Firefighters Present on Scene		

Report Completed by:_____Rank:_____Date:_____

Incident Command: _____Rank:_____I.D.#:_____