

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 ____ vehicle fire ____ trash ____ landing zone ____ extrication ____ auto wreck	Location of Incident: _____
Owner: _____ Renter: _____ Operator: _____	Owner Address: _____ Phone #: () _____
Vehicle Information: (if more than 1, document in narrative) 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
Water System Used: (check one) DeKalb Utility District _____ City of Alexandria _____ (other) City of Dowelltown/Liberty _____ City of Smithville _____ estimated # gallons used _____ Suction Supply Point (drafting operation): _____	
Extent of Damage: (1 to 5, with 1 the least) Fire _____ Heat _____ Smoke _____ Water _____	Number of Civilian Injuries: _____ Number of Civilian Deaths: _____ Number of Firefighter Injuries: _____ Number of Firefighter Deaths: _____
Type of Structure: ____ Fixed Residential Dwelling ____ Single-Wide Mobile ____ Double-wide mobile ____ Garage ____ Barn ____ Commerical _____	Utilities Connected: Electricity: _____ Disconnected by: _____ Natural Gas: _____ Propane: _____ Water: _____

Narrative: (1st firefighter on scene, size-up, operational tactics, witnesses, statements, and use add'l pages if needed):

Based upon the investigation of the fire patterns and the physical evidence, the area of origin was determined to be located _____.

The ignition source was identified as _____. The cause of the fire is determined to be (check one): ____ accidental ____ incendiary ____ natural ____ undetermined because there is insufficient evidence to determine origin and/or cause.

Continued on Reverse Side

