# Supplement to Incident Report

Fire Department: Beaver Springs ID # 55-010

Incident Number: _____ Incident Date: _____

Incident Type: ☐MVA ☐Dwelling Fire ☐Structure Fire ☐HazMat ☐ Other

Location of Incident:_____ City/Township: _____

Dispatch Time: _____ Available Time: _____

Units Responding: _____ _____ _____ _____ _____

Mutual Aid Given? (*Y/N - if Yes, to who*): _____

Mutual Aid Received? (*Y/N – If Yes, from who*): _____

**Equipment Used:** (*Please note quantity. If item is not listed, print description in blank space*)

_____ Air Bag
_____ Air Tool
_____ Axe
_____ Backboard
_____ Cervical Collar
_____ Chain Saw
_____ Chemical Suit
_____Cord Reels
_____ Cribbing (# of vehicles)
_____ Deodorizer
_____ Extinguisher
_____ Flares
_____ Fire Line Tape
_____ Foam
_____ Gas/CO Detector
_____ Generator
_____ GlassMaster
_____ Hand Light
_____ Head Blocks
_____ Hydraulic Tool
_____ IR Camera
_____ Ladder
_____ Misc. Hand Tool
_____ Misc. Power Tool
_____ Oil Absorbent Sheet
_____ Oil Boom
_____ Oil Dry/Absorbent
_____ Oxygen
_____ Portable Pond
_____ Portable Pump
_____ PPV Fan/Smoke Ejector
_____ Rake
_____ Rescue Strut
_____ Salvage Cover/Tarp
_____ SCBA
_____ SCBA Cylinder
_____ Scene Lighting
_____ Shovel
_____ Stokes Basket
_____ Trauma Kit
_____ Wetting Agent
_____ Windshield Kit

*OTHER:*

_____ Latex Gloves
_____ Medical Extrication
_____ Traffic Control
_____ Debris Cleanup
_____ Hose (# of sections)

**Vehicle/Operator Info:** (*Please complete – If more than 2 vehicles, use additional sheet*)

| VEHICLE #1 | | | | | |
|---|---|---|---|---|---|
| **Description/Extent of Damage** | | | | | |
| **Year** | **Make** | **Model** | **License Plate** | **VIN** | |
| **Driver's Name (Last, First)** | | **Driver's Address** | | **Driver's Phone Number** | |
| **Owner's Name (Last, First)** | | **Owner's Address** | | **Owner's Phone Number** | |
| **Insurance Company** | | | **Policy Number** | | |

**Vehicle #1 At Fault?** ☐ **Yes** ☐ **No**

| VEHICLE #2 | | | | | |
|---|---|---|---|---|---|
| **Description/Extent of Damage** | | | | | |
| **Year** | **Make** | **Model** | **License Plate** | **VIN** | |
| **Driver's Name (Last, First)** | | **Driver's Address** | | **Driver's Phone Number** | |
| **Owner's Name (Last, First)** | | **Owner's Address** | | **Owner's Phone Number** | |
| **Insurance Company** | | | **Policy Number** | | |

**Vehicle #2 At Fault?** ☐ **Yes** ☐ **No**

PD on Scene: _____ Police Officer: _____

Was this Officer the source of at fault determination? ☐ Yes ☐ No

| FIRE INCIDENT | | | |
|---|---|---|---|
| **Property Address** | | | |
| **Owner's Name** | **Owner's Address** (*If different than above*) | | **Owner's Phone Number** |
| **Origin Of Fire** | | **Cause Of Fire** (*If known*) | |
| **Estimated Dollar Loss** | **Insurance Company** | | **Policy Number** |

**NARRATIVE** *(in as much detail as possible)*

_____

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**Report Submitted By:** _____