

Fire Incident General Information

Is the property business or commercial? _____ Name of Business _____

Area of Fire Origin: _____

Heat Source: _____

Item/Materials First Ignited: _____

Factors Contributing to ignition of Fire (if any): _____

Structure Fire Information

Type of Structure

Building Status

Building Height: _____ Square Footage: _____ Number of Stories: _____

Number of floors damaged: _____ Extent of Damage: _____

Detectors Present?

Type?

Power Supply?

Functioning:

Automatic Extinguishing System present: _____ Type? _____

Vehicle Fire or 10-50

Address: _____

Insurance Company _____ Policy Number _____

Type of classification of vehicle: _____

Make: _____ Model: _____ Year: _____

License Plate # & State: _____ VIN: _____

Address: _____

Insurance Company _____ Policy Number _____

Type of classification of vehicle: _____

Make: _____ Model: _____ Year: _____

License Plate # & State: _____ VIN: _____

Comment or Remarks

