

Creston Fire Department Incident Report

Date: _____ **Actions Taken** **3,18,24**

Structure Fire Control Fire/Extinguish Provide EMS/Assist
 MVA Control Traffic Standby
 EMS Hazardous Condition Cancelled
 Other: _____

Mutual Aid _____ Given _____ Received Who: _____

Scene Location: _____

Call dispatched as: _____

Condition of scene upon Arrival: _____

Action Taken:

FF/ECP's w/patient: _____ PPE Worn: _____

Patient(s) transported: No Yes Transport by: _____

Name: _____

Address: _____ Phone No.: _____

- _____ Bodick, Rachel
- _____ Cram, Kyle
- _____ Croyle, Justin
- _____ Davenport, James
- _____ Dileo, Joseph
- _____ Frick, Raney
- _____ Gragert, Dan
- _____ Hardwick, Hunter
- _____ Hatleberg, Kirt
- _____ Hayes, Jeremy
- _____ Kauffman, Amanda
- _____ Kehoe, Lynn
- _____ Mahugh, Gary
- _____ Mallery, River
- _____ Marshall, Jim
- _____ Phillips, Aidan
- _____ Ress, Brad
- _____ Santana, Pete
- _____ Schuster, Tom
- _____ Tappenbeck, Tyler
- _____ Tidwell, Bill
- _____ Tidwell, Louise
- _____ Wilson, Nick
- _____ Wood, Hayden

MVA *(Complete Patient Care Report if Patient is transported)*

Number of Vehicles Car vs. deer/object Slide off
 Vehicle vs Vehicle Describe: _____
 Injuries: NO YES Number of Patients: _____

Vehicle #1 Information	Vehicle #2 Information	Additional Information
License No. _____	License No. _____	_____
Year _____	Year _____	_____
Make _____	Make _____	_____
Model _____	Model _____	_____
VIN _____	VIN _____	_____
MHP/Sheriff on Scene? <input type="checkbox"/> No <input type="checkbox"/> Yes	Who? _____	_____
Tow Truck? <input type="checkbox"/> No <input type="checkbox"/> Yes	Who? _____	_____

Fire

Chimney Fire Smoke Investigation Fire/gas alarm
 Vehicle Fire Grass/Wildland Fire Rescue: _____
 Structure Fire Powerlines, tree down Other: _____

Type of Structure: _____ # of stories _____ Size: _____

Detectors

None In room, operating Too far away to operate
 Not enough smoke In room, not operating

Location where fire started: _____

Probably Cause: _____

Equipment Involved: No Yes Describe: _____

Estimated \$ Loss: Structure \$: _____ Contents \$: _____

Notes: _____

IC: _____ **Safety Officer:** _____ **PFOF:** _____

Engines Responding

2531	R	T
2582	R	T
2553	R	T
2534	R	T
2535	R	T
2536	R	T
2587	R	T
2528	R	T
2539	R	T
2561	R	T
2562	R	T
2563	R	T