

# ABC TOWN FIRE DEPARTMENT

P.O. Box 123  
456 Main Street  
ABC Town, PA 12345  
Tel. (111) 222-3333 Fax (111) 444-5555

**Please ensure your document includes the claimed items (over \$150.00) damaged as a result of a fire. If this information is not visible, the document may not be accepted.**

## Fire Incident Report

### Incident Detail

# Injuries \_\_\_\_\_ # Deaths: \_\_\_\_\_

Address of the Fire: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Fire: \_\_\_\_\_ Time of Fire: \_\_\_\_\_

Department Notified: Yes  No

Insurance Contact, if known: \_\_\_\_\_ Phone #: \_\_\_\_\_

Estimated Total Value of Property: \_\_\_\_\_ Estimated Damage \$: \_\_\_\_\_

### Contact for Person Reporting the Fire

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Method for Reporting Fire: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### Occupant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Apt #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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**Occupant Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Apt #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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**Occupant Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Apt #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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**Property Information**

Building Height: \_\_\_\_\_ Building Area: \_\_\_\_\_ Year Built: \_\_\_\_\_

Total Occupancy: \_\_\_\_\_ # of Persons in Building/ Vehicle: \_\_\_\_\_

*If Vehicle:*

Description of Vehicle/ Equipment Involved: \_\_\_\_\_

\_\_\_\_\_

Serial #: \_\_\_\_\_ License Plate: \_\_\_\_\_

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**Fire Detail**

Property Classification: \_\_\_\_\_

Fire Origin: \_\_\_\_\_

Possible Cause: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_