

312 West Market Street  
Fayetteville, TN 37334  
(931) 438-1575 • Fax (931) 433-1112

Date: \_\_\_\_\_ Location Of Call: \_\_\_\_\_

**TYPE OF CALL:**

10-46 (322)

Extrication (352)

10-72 Structure (111)

10-72 Mobile Home (121)

10-72 Grass Fire (143)

10-72 Vehicle Fire (131)

Weather Standby (815)

LZ Setup (462)

AED/ Assist EMS (311)

Other: \_\_\_\_\_

**ACTION TAKEN:**

Extinguish (11)

Salvage & Overhaul (12)

Extricate/Disentangle (23)

Establish Safe Area (55)

Ventilate (51)

Traffic Control (78)

Signal 9 / Cancel (93)

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Property Use:**

Residential (419)

Highway (961)

Residential Road (962)

Other: \_\_\_\_\_

**Haz - Mat:**

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

Container Type: \_\_\_\_\_

Est. Amt. of Release: \_\_\_\_\_

Physical State: \_\_\_\_\_

# People Evacuated: \_\_\_\_\_

Area Evacuated: \_\_\_\_\_

Area Affected: \_\_\_\_\_

**Forestry On Scene:**

Yes

No

**Type Of Response:**

Emergency

Non-Emergency

**Mileage:**

Ending: \_\_\_\_\_

Starting: \_\_\_\_\_

Total: \_\_\_\_\_

**Cause Of Release:**

Intentional

Unintentional

Container Failure

Act Of Nature

Under Investigation

Unknown

**Weather:**

Stand-By @ Station

Open Shelters

# People Sheltered \_\_\_\_\_

**Drivers:**

Pumper: \_\_\_\_\_

Tanker: \_\_\_\_\_

Extrication: \_\_\_\_\_

**Times:**

T.C.P. - \_\_\_\_\_

10-8 - \_\_\_\_\_

10-97 - \_\_\_\_\_

10-98 - \_\_\_\_\_

10-7 - \_\_\_\_\_

**Persons Involved:**

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

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

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Relation to incident: \_\_\_\_\_

**Persons Involved:**

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

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

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Relation to incident: \_\_\_\_\_

**Structure:**

# Building Involved: \_\_\_\_\_

# Exposures: \_\_\_\_\_

# Residents: \_\_\_\_\_

Building Type: \_\_\_\_\_

# Stories: \_\_\_\_\_

Story of Origin: \_\_\_\_\_

Length of Bldg.: \_\_\_\_\_

Width of Bldg.: \_\_\_\_\_

**Structure:**

Occupied

Under Construction

Not Routinely Used

Vacant & Secured

Vacant Not Secured

Other

Unknown

**Smoke Detectors:**

Yes

No

Did they work?

Yes

No

**Automatic Sprinklers:**

Yes

No

Did they work?

Yes

No

**Extrication Called:**

Yes

No

Signal 9

**Cause of Fire:**

Natural Source

Smoking

Debris/Brushpile

Misuse of Fire

Equipment Failure

Open/ Outdoor Fire

Structure

Other

**LZ / Assist EMS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Water Usage:**

Gallons Used: \_\_\_\_\_

Area Obtained: \_\_\_\_\_

**Casualties:**

Any Casualties?

Yes

No

If yes, Explain: \_\_\_\_\_

**Veh. 1:**

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Tag # \_\_\_\_\_

**Veh. 2:**

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Tag # \_\_\_\_\_

**AED:**

Was AED Used?

Yes

No

If yes was AED left/W EMS

Yes

No

**Flame Spread:**

Confined to room of origin

Confined to floor of origin

Confined to building of origin

Beyond Building

**Units On Scene:**

Station	Pumper	Tanker	Rescue
<input type="checkbox"/> 407	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 408	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 409	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 410	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 411	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 412	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 413	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 414	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 416	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 417	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 418	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 419	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Grass/ Wildland:**

# Acres Burned \_\_\_\_\_

# Bldg. Ignited \_\_\_\_\_

# Bldg. Threatened \_\_\_\_\_

Crops Involved? \_\_\_\_\_

**Personnel: Total #** \_\_\_\_\_

Chief Mike Hall

Asst. Chief Caldwell

Asst. Chief Campbell

Kathy Hovis

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Person Completing This Report:** \_\_\_\_\_

**Captain's Signature:** \_\_\_\_\_