

Vehicle Field Report

Incident Address: _____

Date: _____ Time: _____

Dispatched As _____

Observations on Arrival _____

Operator(s) Name(s) _____

Drivers Lic # _____ DOB _____ State _____

Phone (_____) _____ Home (_____) _____ Cell _____

Operator Mailing Address _____

Owner (if Different) _____

Incident Type: Fire ___ Rescue ___ MVA ___ False Alarm ___ Public Service ___

Other _____

Reporting Party _____ Phone(_____) _____

Address _____

Comments: _____

Witnesses: Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Vehicle:

Year _____ Make _____ Model _____ Style _____ Lic. _____

VIN _____ Trailer if any _____

Fuel Type _____

Fire Suppression:

Method of Extinguishment: _____ No. & Size of Streams _____

Forcible Entry: Door _____ Window _____ Other _____

Source of Ignition:

Equipment _____ Form of Heat _____

If Equipment: Year _____ Make _____ Model _____ Serial # _____

Material Ignited: Type _____ Form _____

Ignition Factor _____

Estimated Value: Vehicle _____ Contents _____

Additional Fire Spread: _____

Insurance:

Agent _____ Address _____

Phone _____ Insured Value _____

Loan information _____

Weather Conditions

Wind Speed _____ Temperature _____ Humidity _____

General Conditions _____