

**WOOD RIVER FIRE DEPARTMENT  
FEH INCIDENT FORM**

Date of Incident \_\_\_\_\_

_____ STRUCTURAL FIRE	_____ DISPATCH TIME	_____ START MILEAGE
_____ AUTO ACCIDENT		
_____ HAZARDOUS MATERIAL INCIDENT	_____ BACK IN SERVICE TIME	_____ END MILEAGE
_____ VEHICLE FIRE		
_____ EXTRICATION CALL	_____ INCIDENT NUMBER	_____ MILEAGE
_____ WATER RESCUE/RECOVERY		
_____ GRASS FIRE		

**LOCATION OF INCIDENT:** \_\_\_\_\_

**NAME OF INSURED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**NAME OF INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**AGENT: (IF AVAILABLE)** \_\_\_\_\_ **Tel#** \_\_\_\_\_

*IF OTHERS ARE INVOLVED COMPLETE THE SUPPLEMENTAL INFORMATION FORM*

**ACTION TAKEN:**

_____ INCIDENT COMMAND	_____ EXTINGUISH FIRE	_____ LAND HELICOPTER
_____ SCENE SAFETY	_____ ASSIST EMS	_____ ASSIST OTHER AGENCIES
_____ SECURE SCENE	_____ EXTRICATE PATIENT(S)	_____ WATER RESCUE
_____ SECURE VEHICLE	_____ CLEAN UP HAZMAT	
_____ TRAFFIC CONTROL	_____ CLEAN UP ACCIDENT DEBRIS	

**NARRATIVE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONSE VEHICLES**

_____ PUMPER _____/hr	_____ AERIAL LADDER TRUCK _____/hr	_____ COMMAND VEHICLE _____/hr
_____ PUMPER _____/hr	_____ GRASS RIG _____/hr	
_____ TANKER _____/hr	_____ UTILITY TRUCK _____/hr	
_____ TANKER _____/hr	_____ RESCUE UNIT/WATER RESCUE _____/hr	

**EQUIPMENT USED**

_____ JAWS OF LIFE	_____ CRIBBING BLOCKS	_____ VENTILATING FAN
_____ POWER SAW	_____ WINCHES	
_____ HYDRAULIC JACK/CHISELS	_____ AIR BAGS	
_____ OTHER _____		

**SUPPLIES**

_____ SAFETY FLARES	_____ CLASS A FOAM	_____ CLASS AFFF FOAM
_____ ABSORBANT PADS	_____ # BAGS ABSORBANT	

OTHER SUPPLIES \_\_\_\_\_

**DAMAGED EQUIPMENT** (Department equipment damaged at the scene)

\_\_\_\_\_  
\_\_\_\_\_

**DAMAGED EQUIPMENT CHARGES** \_\_\_\_\_

Mutual Aid for this incident with \_\_\_\_\_ Person completing incident information \_\_\_\_\_