



SUBLETTE COUNTY UNIFIED FIRE

PO Box 2410 Pinedale WY 82941 Tel: 307-367-4550 Email: unifiedfire@sublettewyo.com

Incident Report

Date	Battalion 3 - Bondurant	Dispatch Incident #	
Address/Location		Hwy MP	Town
Owner/Occupant		Telephone	
Insurance Carrier		Policy #	
Property Ownership	Latitude	Longitude	
Property Use	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Forest/Prairie <input type="checkbox"/> Highway	<input type="checkbox"/> Other	

TIMES (use military designation)

Dispatched	Enroute	Arrived	Cleared
Cancelled	In Quarters	In Service	Miles to scene

INCIDENT TYPE – INCIDENT NAME:

<u>Fire</u>	<u>Rescue/EMS</u>	<u>Haz Conditions</u>	<u>Service</u>
Structure	Medical/EMS Assist	Hazmat	False Alarm
Vehicle	Veh. Accident (no extrication)	CO Alarm	Utilities
Wildland	Extrication	Fuel Spill	Cancelled
Other	Other	Other	Other

If other, _____

ACTIONS TAKEN (select all that apply)

Extinguishment	Establish I.C.S.	Haz Mat ID	First Aid
Contain/control fire (wildland)	Traffic control	Isolate affected area	EMS Support
Shut down/reset alarm system	Extrication	Confine Haz Mat	Cancelled
Investigation	Stand-by	Ventilate	Other

If other, _____

☐ Law Enforcement ☐ EMS ☐ S&R ☐ BLM ☐ USFS ☐ Utilities ☐ Other_____

FIRE INFORMATION

Acres Burned		Factors Contributing to	
Area of Fire Origin		Human Factors Contributing	
Heat Source		Items First Ignited	
Cause of Ignition		Type of Materials	
Number of Structures		Injuries/Fatalities	
Presence of Detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presence of Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No

BATTALION 3 – BONDURANT

[illegible]

Narrative (include who, what, when, where, why and how; include vehicle information; include times for all apparatus/
personnel.)

Report Completed By: _____ **Date:** _____