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|---|---|-----------------|------------------------------|
|  | Title of Document: | | |
| | Fire Department Equipment Damaged/Lost/Stolen Report | | |
| | Document Type & Number: | | |
| | OFD 31 | | |
| | Issue Date: | Effective Date: | Review Date (if applicable): |
| | 7/14/16 | 7/14/16 | |
| Amends, Replaces, Rescinds: | | | |
| Replaces OFD 31 (rev. 07/13) | | | |

Type of Report:

Date of Report:

Station or Division Assignment:

Location of Occurrence:

Day/Date/Time of Occurrence:

Fire Apparatus/Vehicle

Apparatus/Vehicle #:

Vehicle Year:

Make:

VIN:

Mileage:

Model:

License #:

Color:

Body Style:

Briefly describe damage to vehicle:

Fire Department Equipment

Briefly describe damage to equipment:

Type of Equipment:

Brand Name:

Model #:

Serial #:

Details of Incident

Briefly describe circumstances of incident, including all personnel involved:

Witness Information

Witness Name:

Phone:

Address (city, state, zip):

Business Address:

Phone:

Witness Name:

Phone:

Address(city, state, zip):

Business Address:

Phone:

Reporting Officer Name/ID #:

By checking this box and typing my name _____, I certify that all information on this form is true and correct. I also agree that the checkbox and my typed name serve as my electronic signature.