

# MOCK COUNTY FIRE DEPARTMENT

## INITIAL INCIDENT INTAKE FORM

(Non-Fillable / Print-and-Fill Version)

### 1. Incident Information

Incident Number: \_\_\_\_\_ Date: 25/02 \_\_\_\_\_ Time Dispatch: 18:00 \_\_\_\_\_

Location/Address: \_\_\_\_\_

Reporting Officer: Shreya \_\_\_\_\_ Badge #: 72345 \_\_\_\_\_

GPS Coordinates (if rural): Lat 12.9456, 54.921 \_\_\_\_\_ Long \_\_\_\_\_

### 2. Incident Type

Check all that apply with an 'X'

☐ Structure Fire ☐ Wildland Fire ☐ Medical Emergency  
☐ Hazmat ☐ Vehicle Accident ☐ Search & Rescue  
☐ False Alarm ☐ Other: \_\_\_\_\_

### 3. Initial Scene Narrative

Brief description of conditions upon arrival, actions taken, and immediate hazards:

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## 4. On-Scene Units & Resources

Unit ID	Arrival Time	Personnel	Primary ment	Assign-	Status (A/S/D)

\* Status codes: A=Active, S=Staged, D=Demobilized

## 5. Authorization

I certify that the above information is accurate to the best of my knowledge at the time of intake.

Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_