

MOCK COUNTY FIRE DEPARTMENT
INITIAL INCIDENT INTAKE FORM
(Non-Fillable / Print-and-Fill Version)

1. Incident Information

Incident Number: _____ Date: _____ Time Dispatch: _____

Location/Address: _____

Reporting Officer: _____ Badge #: _____

GPS Coordinates (if rural): Lat _____ Long _____

2. Incident Type

Check all that apply with an 'X'

<input type="checkbox"/> Structure Fire	<input type="checkbox"/> Wildland Fire	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Hazmat	<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Search & Rescue
<input type="checkbox"/> False Alarm	<input type="checkbox"/> Other: _____	

3. Initial Scene Narrative

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

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: _____