

# Middletown Fire Co.#1

## Incident Report

- Primary  
 Non-Primary  
 NP-but entering report

		MTFC #1 Run Number	
Date:	Location:	Case #:	
Time In:	Owner:		
Time Out:	Address:	<b>Type of Incident:</b>	
<b>Drivers:</b>		Structure Fire	<input type="checkbox"/>
180	Phone #:	Vehicle Fire	<input type="checkbox"/>
181	Occupant:	Brush / Woods Fire	<input type="checkbox"/>
182	Address:	Rubbish Fire	<input type="checkbox"/>
184		Hazmat	<input type="checkbox"/>
<b>Ladders Used:</b>	Phone #:	MVA	<input type="checkbox"/>
Power Ladder	Occupancy Type:	Fire Alarm	<input type="checkbox"/>
35'	<b>Members in attendance</b>		CO Alarm
30'	801 802 803 804 805 806 807	Drill / Training	<input type="checkbox"/>
28'	808 809 810 811 812 813 814	Smoke Scare	<input type="checkbox"/>
26'	815 816 817 818 819 820 821	Other (explain)	<input type="checkbox"/>
24'	822 823 824 825 826 827 828		
20'	829 830 CA1 CA2 CA3 CA4 CA5	<b>Primary Action:</b>	
14'	S01 S02 S03 S04 S05 S06	Extinguishment	<input type="checkbox"/>
12'	S07 S08 S09 S10 S11 S12	Ventilation	<input type="checkbox"/>
10' attic	S13 S14 S15 EX1 EX2 EX3	Investigation	<input type="checkbox"/>
Lil' Giant	EX4 EX5 L01 L02 L03 L04 L05	Remove Hazard	<input type="checkbox"/>
<b>Hose Used in ft:</b>		Rescue	<input type="checkbox"/>
5"	Total: Manhours:	Other	<input type="checkbox"/>
4"	Total # Apparatus: Total # Personnel		
2 1/2"	Method of alarm:		
1 3/4"	Narrative: (if equipment or vehicle involved include make, model, serial or VIN)		
1"			
<b>Equipment Used:</b>			
SCBA			
TIC			
Irons			
Hooks			
Fans			
Hand Tools			
Hurst Tool			
Other Equip.			
MTFC #1 OIC:		Entered in computer:	
Dept OIC:		Yes <input type="checkbox"/> No <input type="checkbox"/>	