

Eau Claire Fire & Rescue
News Media Report



Date: _____ **Dispatch Time:** _____ **Incident Number:** -

Location: _____

Incident type: Fire Hazardous Materials Mass Casualty
 Auto Casualty Other _____

Alarms: 1st Alarm 2nd Alarm 3rd Alarm Special Call

Engine(s) Responding: _____ **Rescue/Medical vehicle(s):** _____

Command Vehicle(s): _____ **Number of Personnel Responding:** _____

Injuries: Civilian(s) _____ Firefighter(s): _____

Transported by Ambulance: Yes (number _____) No **Where:** _____

Fatalities: Yes (number _____) No

Evacuation: Yes No **Comments:** _____

Relocation: Yes No **Note:** _____

Mutual Aid: Given Received (units) _____ N/A

Business Name: _____

Occupant Information

Name: _____

Address: _____

Phone: _____

Property Owner Information

Name: _____

Address: _____

Phone: _____

Structure Type: _____ **Area of Origin:** _____

Under Investigation: Yes No **By Whom:** _____

Probable Cause: _____

Damage Estimate: _____ *(structure & contents)*

Narrative – See next page

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Narrative:

Officer:
Eau Claire Fire Department