



Eau Claire Fire & Rescue
News Media Report

Date: Dispatch Time: Incident Number: 13-

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) 0 Firefighter(s): 0

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