

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