

## White Mountain Apache Fire & Rescue Run Report (Structure Fires)

Dispatch Info: Business Line: \_\_\_\_\_ Radio: \_\_\_\_\_ Page Out: \_\_\_\_\_ Direct Line: \_\_\_\_\_  
 Dispatcher(s): \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
 Incident No.: \_\_\_\_\_ Person Making Report: \_\_\_\_\_  
 Alarm: \_\_\_\_\_ Arrived: \_\_\_\_\_ Cleared: \_\_\_\_\_ IC: \_\_\_\_\_  
 Time: First IC took Command: \_\_\_\_\_ 2nd Alarm: \_\_\_\_\_  
 Location of Incident (Physical Address or Mile Post): \_\_\_\_\_

Occupancy Information: Residential \_\_\_\_\_ Business \_\_\_\_\_ Tribal \_\_\_\_\_  
 School \_\_\_\_\_ Private \_\_\_\_\_ Other \_\_\_\_\_  
 Other than Residential Occupancy Name: \_\_\_\_\_

Occupancy Address: \_\_\_\_\_  
 Contact Person: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Job Title: \_\_\_\_\_

Residential: Total # of Occupants Adults \_\_\_\_\_ Children \_\_\_\_\_  
 Owner's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
 Occupant #1: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Location Inside Residents: \_\_\_\_\_  
 Occupant #2: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Location Inside Residents: \_\_\_\_\_  
 Occupant #3: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Location Inside Residents: \_\_\_\_\_  
 Occupant #4: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Location Inside Residents: \_\_\_\_\_

Smoke Detectors: Yes \_\_\_\_\_ No \_\_\_\_\_ Did it Alert Occupants: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Detector Type: \_\_\_\_\_ Power Supply: \_\_\_\_\_ Operation: \_\_\_\_\_

	Property		Contents
No. of Buildings Involved: _____	Loss \$ _____		Loss \$ _____
No. of Exposures _____	Value \$ _____		Value \$ _____

Building Status: Occupied & Operating Vacant Secured Vacant Unsecured Under Const. Undetermined  
 Building: Sq. Ft. \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_  
 Wood Frame: \_\_\_\_\_ Masonry \_\_\_\_\_ Steel/Alum \_\_\_\_\_ Other \_\_\_\_\_

Ignition Factors  
 Area of Origin: \_\_\_\_\_ Heat Source: \_\_\_\_\_ Cause: \_\_\_\_\_  
 Item First Ignited: \_\_\_\_\_ Type of Material First Ignited \_\_\_\_\_  
 Equipment Involved in Ignition  
 Type: \_\_\_\_\_ Brand: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Year: \_\_\_\_\_  
Equipment Power Source:            Portable \_\_\_\_\_ Stationary \_\_\_\_\_ Other \_\_\_\_\_

First Unit On Scene: \_\_\_\_\_ Assume Command: \_\_\_\_\_  
Situation Found (Size Up): \_\_\_\_\_

Weather Condition or Other Pertinent Info.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Agent Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Agent Address: \_\_\_\_\_

Personnel On Scene:

A-Shift	Unit	B-Shift	Unit	C-Shift	Unit	Admin:	801	802	803	804
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
# _____	Unit _____	_____	_____	Assignment: _____						
Stand by at Station:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____

Other Agencies on Scene: \_\_\_\_\_

Action Taken (Narrative): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_