

CLIO AREA FIRE DEPARTMENT INCIDENT INFORMATION

Incident Number: _____ Date: _____ Alarm Time: _____ On Scene: _____ Off Air: _____

St #1: _____ St #2: _____ Clio City: _____ Vienna: _____ Theftord: _____ Out of District: _____

Incident Address: _____

Occupant Name: _____ Phone: _____

Owner Name: _____ Phone: _____

Owner Address: _____ Zip Code: _____

Type of Fire/Incident: _____ Detector Type: _____

Area of Fire Origin: _____ Detector Operated? _____

Cause of Fire: _____ Area of Origin: _____

Material first ignited: _____

Size of Building: _____ Dollar Value _____ Dollar Loss _____

Insurance Agent: _____ Insurance Amount: _____

Equipment Involved in Ignition: _____ Brand Name: _____

Year: _____ Model Number _____ Serial Number: _____

Vehicle Information

Make: _____ Model: _____ Year: _____

License Number: _____ VIN.: _____

ALL COMMERCIAL BUILDINGS

Emergency Contact #1

Name: _____ Phone: _____

Emergency Contact #2

Name: _____ Phone: _____

Alarm Company: _____ Phone: _____

Special Conditions: _____
