

**2018  
Annual Report**

FDID# \_\_\_\_\_ Fire Department Name \_\_\_\_\_

<i>Incidents in Your Area</i>	#Runs	\$Loss
One & Two Family Dwellings		
Apartments (three units or more)		
Hotels and Motels		
Room & Board Homes		
Mobile Homes		
Other Residential		
Nursing/Rest/Retirement Homes		
Hospital/Clinics		
Child Care Facilities		
Correctional Facilities		
Other Institutional		
Mercantile/Retail		
Warehouse/Storage (sheds, barns, outbuildings)		
Industrial		
Manufacturing		
Schools/Colleges/Universities		
Public Assembly (Includes Church)		
Office Buildings		
All Other Structures (not listed above)		
Automobiles/Trucks/Pickups		
Road Freight Transport Vehicles		
Recreational Vehicles/Travel Trailers		
Farm Equipment/Machinery		
Heavy/Construction Equipment		
Other Mobile Property		
Grass, Brush, Wildland <u>Acres burned in your area</u>		
Crop, Orchard (cultivated) <u>Acres burned in your area</u>		
Trash/Landfills		
All Other Outside Fires		
<b>Total Fires</b>		
Over Heat/Over Pressure, Rupture (No Fire)		
Hazardous Condition (power line down, spill, leak, etc)		
Hazardous Materials Incidents (55 gallons or more)		
Service Call (assist public, police, gov agency, unauthorized CB)		
Good Intent (includes cancelled-enroute, authorized CB)		
Severe Weather Watch		
Malicious False Alarms		
Accidental False Alarms		
Malfunction of Alarm System		
False Calls Other		
First Aid, Rescue, EMS (includes assist EMS crew)		
Ambulance Runs by Fire Dept		
Citizen Complaint		
No-Fire Incident Other		
<b>Total No-Fires</b>		
<b>Mutual Aid or Automatic Aid given to another Fire Dept</b>		
<b>Grand Total</b>		

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Civilian Fire Injuries \_\_\_\_\_ If there were any civilian fire injuries or fatalities  
Civilian Fire Deaths \_\_\_\_\_ please complete the Civilian Fire Casualty Report

Fire Service Injuries \_\_\_\_\_ If there were any Fire Service injuries or fatalities  
Fire Service Deaths \_\_\_\_\_ please complete the Fire Service Casualty Report

Fires caused by Fireworks \_\_\_\_\_ Injuries \_\_\_\_\_ \$Loss \_\_\_\_\_

Number of Fires Set Intentionally \_\_\_\_\_ \$Loss \_\_\_\_\_  
Fires Undetermined After Investigation \_\_\_\_\_ \$Loss \_\_\_\_\_  
Fires with Cause Under Investigation \_\_\_\_\_ \$Loss \_\_\_\_\_

<b>Fire Department Information: (and Changes)</b>		
Physical Location:		
Mailing Address:		
City:	State:	Zip:
Fire Dept Business Phone: <i>Not Emergency Number</i>		
Fax:	Fire Dept Email:	
Fire Chief's Name:		
Home Phone:	Cell Phone or Other Phone:	
Fire Dept Title is:	Fire Dept ISO Rating is:	
Number of Firefighters: Fully Paid _____ or Paid Per Call _____ or Volunteer _____		

**Please return report by January 15th, 2019 - Deadline**

**Mail to:** State Fire Marshal's Office  
2401 N W 23rd Street, Suite 4  
Oklahoma City, OK 73107

**Fax to:** (405) 522-5028

**Email:** Madelyn.Brandon@fire.ok.gov

**Phone:** (405) 522-5007