

<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 Acres burned in your area _____		
Crop, Orchard (cultivated) Acres burned in your area _____		
Trash/Landfills (and Dumpsters)		
All Other Outside Fires		
Total Fires		
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) and MVA's		
Ambulance Runs by Fire Dept		
Citizen Complaint		
No-Fire Incident Other		
Total No-Fires		
Mutual Aid or Automatic Aid given to another Fire Dept		
Grand Total		

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 _____

<i>Fire Department Information: (and Changes)</i>	
Fire Department Name:	
Physical Location:	
Mailing Address:	
Fire Dept Business Phone: <i>Not Emergency Number</i>	
Fire Dept Email:	
Fire Chief's Name:	
Chief's Cell Phone#:	
Personal Email:	
Fire Dept Title is: Title 11 or Title 18 or Title 19 or	
Fire Dept ISO Rating is:	
Number of Firefighters: Fully Paid: Paid Per Call: Volunteer:	

Please return report by January 15th - Deadline

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

Fax to: (405) 522-5028
 or

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