



## CUMRU TOWNSHIP FIRE DEPARTMENT INCIDENT REPORT

**Fill in this Report in your own Words**

Company # 42 56 70

**Fill in page 2 for Township incidents only**

**Fill in as much information as possible**

Condition of Fire on Arrival of First Unit		Area of Fire Origin			
Equipment Involved in Ignition	Year	Brand Name	Model	Serial No.	
Form of Heat of Ignition	Material First Ignited Form <span style="float: right;">Type</span>				
Ignition Factor	Method of Extinguishment				
Property Loss			Number of Acres Burned		
Type of Construction	No. of Stories		Level of Origin		
Structure Status			No. of Occupants at Time of Incident		
Material Contributing to Fire Growth Form			Type		
Factor Contributing to Flame Travel			Avenue of Smoke Travel		
Detector Type			Detector Power Supply		
Detector Performance			Reason for Detector Failure		
Type of Automatic Sprinkler System			Coverage of Sprinkler System		
Sprinkler System Performance		No. of Sprinkler Heads Operated		Reason for Sprinkler System Failure	
Extent of Flame Damage		Extent of Smoke Damage		Extent of Extinguishing Agent Damage	

Mobile Property Type	Year	Make	Model	Serial/VIN No.	License No.
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No. of Injuries Fire Service _____ Non-Fire Service _____		No. of Fatalities Fire Service _____ Non-Fire Service _____	
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Est. Personal Property Damage	Insurance Company	Insurance Co. Agent/Adj.
Est. Real Estate Damage	Insurance Company	Insurance Co. Agent/Adj.
Occupant/Owner Relocation Address		Relocation Telephone No.