

DECATUR TOWNSHIP FIRE DEPARTMENT
INCIDENT REPORT

DATE: _____

LOCATION: _____

RUN # (IF APPLICABLE): _____

**OFFICE USE ONLY
DO NOT WRITE IN BOX**

TYPE OF INCIDENT:

VEHICLE ACCIDENT FIRE SUPPRESSION INCIDENT EMS INCIDENT

EMPLOYEE COMPLAINT EQUIPMENT LOSS/DAMAGE INJURY

OTHER: (EXPLAIN IN DETAIL) _____

EMPLOYEE INVOLVED: _____ UNIT #: _____

EMPLOYEE SUPERVISOR: _____ RANK: _____

EMPLOYEE STATEMENT

PRINTED NAME OF PERSON MAKING REPORT: _____

SIGNATURE OF REPORT MAKER: _____

DATE SIGNED: _____

OFFICER: (PRINT) _____

OFFICERS SIGNATURE: _____

DATE SIGNED: _____

DO WRITE BELOW THIS LINE

FURTHER ACTION REQUIRED YES NO

FORWARDED TO: _____

REPLY REQUESTED? _____