

**SUGARLOAF FIRE PROTECTION DISTRICT**  
**INCIDENT REPORT FORM**

**N.B. COMPLETED REPORT TO BE FILED IMMEDIATELY AFTER INCIDENT**

Revised August 24, 2016	<b>DATE:</b> _____	<b>CAD #:</b> _____	In ER _____	IQS _____																																																																																						
<p><b>CALL TYPE</b> (Check all that apply)</p> <p>____ AUTO ACCIDENT                  ____ MEDICAL                  ____ SMOKE REPORT                  ____ CITIZEN ASIST                  ____ HAZMAT                  ____ STRUCTURE FIRE                  ____ SEARCH &amp; RESCUE                  ____ MUTUTL AID                  ____ OTHER</p>	<p><b>REPORT PREPARED BY</b>                  _____</p> <p><b>IC</b>                  _____</p> <p><b>UNIFIED COMMAND:</b>                  _____</p>	<p><b>PERSONNEL ACCOUNTABILITY</b> (Check FF, DRIVER, enter APPARATUS for all that apply)</p> <p align="right"><u>Truck Driven</u></p> <table border="0"> <tr><td>_____ Sandra BAILEY</td><td align="right">A</td></tr> <tr><td>_____ C.B. BASSITY</td><td align="right">L</td></tr> <tr><td>_____ Ben BAYER</td><td align="right">A</td></tr> <tr><td>_____ Hans BICKLING</td><td align="right">M</td></tr> <tr><td>_____ Sabine BILDSTEIN</td><td align="right">A</td></tr> <tr><td>_____ Justin BLAIS</td><td align="right">A</td></tr> <tr><td>_____ Joseph CARLIDGE</td><td align="right">A</td></tr> <tr><td>_____ Chuck CHADAKOFF</td><td align="right">A</td></tr> <tr><td>_____ Fred COOGAN</td><td align="right">A</td></tr> <tr><td>_____ Sloane COSTELLO</td><td align="right">A</td></tr> <tr><td>_____ Mike DeFRIES</td><td align="right">A</td></tr> <tr><td>_____ Bob EMRICK</td><td align="right">L</td></tr> <tr><td>_____ Jack FABER</td><td align="right">L</td></tr> <tr><td>_____ Dave FISCHMAN</td><td align="right">A</td></tr> <tr><td>_____ Dave GELDERLOOS</td><td align="right">A</td></tr> <tr><td>_____ Dawn GELDERLOOS</td><td align="right">M</td></tr> <tr><td>_____ Andrew GOLDMAN</td><td align="right">A</td></tr> <tr><td>_____ Jack GOLDMAN</td><td align="right">A</td></tr> <tr><td>_____ Linda HACHTEL</td><td align="right">L</td></tr> <tr><td>_____ Chad HAMRE</td><td align="right">A</td></tr> <tr><td>_____ Diego JANCHES</td><td align="right">A</td></tr> <tr><td>_____ Rusty JESSE</td><td align="right">A</td></tr> <tr><td>_____ Tony KERRIDGE</td><td align="right">L</td></tr> <tr><td>_____ Miles LA HUE</td><td align="right">A</td></tr> <tr><td>_____ Hank LEEPER</td><td align="right">L</td></tr> <tr><td>_____ Kevin MAHAN</td><td align="right">A</td></tr> <tr><td>_____ Michael MANN</td><td align="right">L</td></tr> <tr><td>_____ Rob MARCHI</td><td align="right">M</td></tr> <tr><td>_____ Connor MARTIN</td><td align="right">A</td></tr> <tr><td>_____ Andrew MARTINEK</td><td align="right">A</td></tr> <tr><td>_____ Taylor McDONALD</td><td align="right">A</td></tr> <tr><td>_____ Thayer McKEITH</td><td align="right">A</td></tr> <tr><td>_____ Mirabai NAGLE</td><td align="right">A</td></tr> <tr><td>_____ Lauren PETERSON</td><td align="right">A</td></tr> <tr><td>_____ Brian PLAVNICKY</td><td align="right">A</td></tr> <tr><td>_____ Chris RICE</td><td align="right">A</td></tr> <tr><td>_____ Richard ROTH</td><td align="right">L</td></tr> <tr><td>_____ Adam STEVENSON</td><td align="right">A</td></tr> <tr><td>_____ Kitty STEVENSON</td><td align="right">X</td></tr> <tr><td>_____ Dan STURTZ</td><td align="right">A</td></tr> <tr><td>_____ Michael SZYMANSKI</td><td align="right">A</td></tr> <tr><td>_____ Janet WINCHESTER</td><td align="right">M</td></tr> <tr><td>_____ John WINCHESTER</td><td align="right">A</td></tr> </table>			_____ Sandra BAILEY	A	_____ C.B. BASSITY	L	_____ Ben BAYER	A	_____ Hans BICKLING	M	_____ Sabine BILDSTEIN	A	_____ Justin BLAIS	A	_____ Joseph CARLIDGE	A	_____ Chuck CHADAKOFF	A	_____ Fred COOGAN	A	_____ Sloane COSTELLO	A	_____ Mike DeFRIES	A	_____ Bob EMRICK	L	_____ Jack FABER	L	_____ Dave FISCHMAN	A	_____ Dave GELDERLOOS	A	_____ Dawn GELDERLOOS	M	_____ Andrew GOLDMAN	A	_____ Jack GOLDMAN	A	_____ Linda HACHTEL	L	_____ Chad HAMRE	A	_____ Diego JANCHES	A	_____ Rusty JESSE	A	_____ Tony KERRIDGE	L	_____ Miles LA HUE	A	_____ Hank LEEPER	L	_____ Kevin MAHAN	A	_____ Michael MANN	L	_____ Rob MARCHI	M	_____ Connor MARTIN	A	_____ Andrew MARTINEK	A	_____ Taylor McDONALD	A	_____ Thayer McKEITH	A	_____ Mirabai NAGLE	A	_____ Lauren PETERSON	A	_____ Brian PLAVNICKY	A	_____ Chris RICE	A	_____ Richard ROTH	L	_____ Adam STEVENSON	A	_____ Kitty STEVENSON	X	_____ Dan STURTZ	A	_____ Michael SZYMANSKI	A	_____ Janet WINCHESTER	M	_____ John WINCHESTER	A
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<p><b>EVENT TIMES</b> (Enter TIMES for all that apply)</p> <p>TONED _____ : _____</p> <p>APP ENROUTE _____ : _____</p> <p>ARRIVAL _____ : _____</p> <p>FIRE CONTROLLED _____ : _____</p> <p>CLEARED _____ : _____</p> <p>TOWED _____ : _____</p> <p>CANCELLED _____ : _____</p> <p>By: _____</p>	<p align="center"><b>MUTUAL AID</b></p> <p>Req. <u>Auto</u></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>AMERICAN MEDICAL RESPONSE (AMR)</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>BO CO SHERIFF</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>STATE PATROL</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>B E S</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>ROCKY MT RES</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>NEDERLAND FPD</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>OTHER FIRE DEPT/ AGENCY</b></p> <p align="center"><input type="checkbox"/> <b>N/A = No Mutual Aid</b></p>																																																																																									
<p><b>ACTIONS TAKEN</b> (Check &amp; give TIMES for all that apply)</p> <p><input type="checkbox"/> UTL _____ : _____</p> <p><input type="checkbox"/> Mutual Aid _____ : _____</p> <p><input type="checkbox"/> Traffic Control _____ : _____</p> <p><input type="checkbox"/> Extricate _____ : _____</p> <p><input type="checkbox"/> Rescue _____ : _____</p> <p><input type="checkbox"/> Conduct Search _____ : _____</p> <p><input type="checkbox"/> BLS/ First Aid _____ : _____</p> <p><input type="checkbox"/> Package for Trans _____ : _____</p> <p><input type="checkbox"/> Helicopter LZ _____ : _____</p> <p><input type="checkbox"/> Contain Haz Mat _____ : _____</p> <p><input type="checkbox"/> Contain Wild Fire _____ : _____</p> <p><input type="checkbox"/> Construct Fire Line _____ : _____</p> <p><input type="checkbox"/> Extinguish Fire _____ : _____</p> <p><input type="checkbox"/> Ventilate _____ : _____</p> <p><input type="checkbox"/> Assist Citizen _____ : _____</p> <p><input type="checkbox"/> Other _____ : _____</p>	<p align="center"><b>CALL &amp; LOCATION: AS DISPATCHED</b></p> <p>LOCATION: _____</p> <p>SITUATION as dispatched: _____</p> <p align="center"><b>CALL SITUATION FOUND, LOCATION &amp; CALL NARRATIVE</b></p> <p>LOCATION IF DIFFERENT THAN AS DISPATCHED: _____</p> <p>SITUATION FOUND &amp; NARRATIVE: _____</p>	<p><b>TRAINEEES:</b></p> <p><b>FOAM CLASS A</b></p> <p><b>WHERE</b> _____</p> <p><b>DATE</b> _____</p> <p><b>HOW MUCH WATER</b> _____</p>																																																																																								
<p><b>COMMUNICATION PLAN</b></p> <p><input type="checkbox"/> County Fire _____</p> <p><input type="checkbox"/> SLFPD _____</p> <p><input type="checkbox"/> Ftac 2 _____</p> <p><input type="checkbox"/> Ftac3 _____</p> <p><input type="checkbox"/> Ftac4 _____</p> <p><input type="checkbox"/> Ftac5 _____</p> <p><input type="checkbox"/> Ftac6 _____</p> <p><input type="checkbox"/> Ftac7 _____</p> <p><input type="checkbox"/> Ftac8 _____</p> <p><input type="checkbox"/> Air-to-ground _____</p>	<p><b>Patient Transported?</b>                  Use other side if necessary</p> <p align="center"><b>CAMPFIRE CALLS/PATROLS</b></p> <p><b>LAT</b> _____ <b>LONG</b> _____</p> <p><b>Time Extinguished</b> _____</p> <p><b>IC</b> _____ <b>Jurisdiction</b> _____</p>																																																																																									

**WILDLAND FIRE INFORMATION**

<b>LEGAL DESCRIPTION</b>	_____ Qtr of the _____ Qtr of Section _____, Range _____, Township _____			
<b>LATITUDE</b>		<b>LONGITUDE</b>		<b>UTM</b>
<b>ENDING FIRE SIZE</b>		<b>FIRE BEHAVIOR</b>		
<b>PROPERTY OWNERSHIP</b>	<input type="checkbox"/> PRIVATE <input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> CSFS <input type="checkbox"/> BOULDER COUNTY <input type="checkbox"/> BOULDER CITY			
<b>USFS RESPONSE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>USFS OFFICER IN CHARGE</b>		

**GAMING IMPACT INFORMATION**

<b>GAMING RELATED TRAVEL</b>	<input type="checkbox"/> TRAVEL TO <input type="checkbox"/> TRAVEL FROM <input type="checkbox"/> CENTRAL CITY <input type="checkbox"/> BLACK HAWK
<b>OTHERWISE RELATED</b>	

**OTHER INFORMATION**

**WEATHER:** Clear\_\_\_ Rain\_\_\_ Snow\_\_\_ Wind\_\_\_ Fog\_\_\_ Other\_\_\_\_\_ (Check all that apply)

**ROADS:** Dry\_\_\_ Wet\_\_\_ Snowpacked\_\_\_ Icy\_\_\_ Dirt/Unpaved\_\_\_ Paved\_\_\_ Other\_\_\_ (Check all that apply)

**EMS INFORMATION**

PATIENT NAME (S)	SLFPD EMT or EMR	EMS Report(s) Filed By:	

ADDITIONAL SPACE FOR COMMENTS, DRAWING, etc.