

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? \_\_\_\_\_