

<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		
<b>Total Fires</b>		
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		
<b>Total No-Fires</b>		
<b>Mutual Aid or Automatic Aid given to another Fire Dept</b>		
<b>Grand Total</b>		



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 \_\_\_\_\_

<b>Fire Department Information: (and Changes)</b>	
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:** OKLAHOMA  
 STATE FIRE MARSHAL  
 PO Box 36690  
 Oklahoma City, OK 73126-2690

**Fax to:** (405) 522-5028  
 or  
**Email to:** Angela.Aguilar@fire.ok.gov