

Wildland Short Form

Incident Date	Alarm Time	Arrival Time	Control Time	Last Unit Cleared	Incident #	Exposure #	
/ /	:	:	:	:			
Incident Location							
<input type="checkbox"/> Street Address				<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Intersection	Address						
<input type="checkbox"/> In Front Of				<input type="text"/>	Street Type		
<input type="checkbox"/> In Back Of	City		State	ZIP Code			
<input type="checkbox"/> Adjacent to							
<input type="checkbox"/> Directions	Cross Street, Directions or National Grid						
<input type="checkbox"/> US National Grid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> North <input type="checkbox"/> South	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> East <input type="checkbox"/> West	
	Latitude		Longitude		Range	Meridian	
	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		
	Section		Subsection				
Incident Type	Wildland Incident Type Codes						
<input type="text"/>	140 : Natural vegetation fire, other		170 : Cultivated vegetation, crop fire, other				
	141 : Forest, woods or wildland fire		171 : Cultivated grain or crop fire				
	142 : Brush or brush and grass mixture fire		172 : Cultivated orchard or vineyard fire				
	143 : Grass fire		173 : Cultivated trees or nursery stock fire				
	631 : Authorized controlled burning		632 : Prescribed fire				
Midnight is 0000							
Aid Given or Received	<input type="checkbox"/> None	Date & Times	Month	Day	Year	Hour	Min
1 <input type="checkbox"/> Mutual aid received		Alarm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="checkbox"/> Automatic aid received		Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="checkbox"/> Mutual aid given		Controlled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="checkbox"/> Automatic aid given		Last Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="checkbox"/> Other aid given		Cleared	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Actions Taken	Resources	<input type="checkbox"/> Check this box & skip this block if an Apparatus or Personnel module is used		Casualties	<input type="checkbox"/> None		
<input type="text"/>	Apparatus	Personnel		Deaths	Injuries		
<input type="text"/>	Suppression	<input type="text"/>	<input type="text"/>	Fire Svc	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	EMS	<input type="text"/>	<input type="text"/>	Civilian	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Other	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="checkbox"/> Check box if resource counts include aid received resources.						
Estimated Dollar Losses & Values							
LOSSES: Required for all fires if known. None							
Property	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	<input type="checkbox"/>
Contents	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	<input type="checkbox"/>
PRE-INCIDENT VALUE: Optional							
Property	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	<input type="checkbox"/>
Contents	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	<input type="checkbox"/>
Wildland Fire Cause	Human Factors Contributing to Ignition	Factors Contributing to Ignition					
1 <input type="checkbox"/> Natural source	<input type="checkbox"/> None	<input type="checkbox"/> None					
2 <input type="checkbox"/> Equipment	Check as many boxes as are applicable.						
3 <input type="checkbox"/> Smoking	1 <input type="checkbox"/> Asleep	#1	<input type="text"/>	#2	<input type="text"/>		
4 <input type="checkbox"/> Open/outdoor fire	2 <input type="checkbox"/> Possibly impaired by alcohol or drugs						
5 <input type="checkbox"/> Debris/vegetation burn	3 <input type="checkbox"/> Unattended person						
6 <input type="checkbox"/> Structure(exposure)	4 <input type="checkbox"/> Possibly mentally disabled	<input type="text"/>		<input type="text"/>			
7 <input type="checkbox"/> Incendiary	5 <input type="checkbox"/> Physically disabled						
8 <input type="checkbox"/> Misuse of fire	6 <input type="checkbox"/> Multiple persons involved						
0 <input type="checkbox"/> Other	7 <input type="checkbox"/> Age was a factor						
U <input type="checkbox"/> Undetermined							

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Heat Source	Mobile Property Type	Equipment Involved in Ignition
<input type="checkbox"/> None <input type="checkbox"/> _____	<input type="checkbox"/> None <input type="checkbox"/> _____	<input type="checkbox"/> None <input type="checkbox"/> _____
Number Of Buildings Ignited	Number of Building Threatened	Total Acres Burned
<input type="checkbox"/> None Number of buildings that were ignited in Wildland fire. <input type="checkbox"/> _____	<input type="checkbox"/> None Number of buildings that were threatened by Wildland fire but were not involved. <input type="checkbox"/> _____	<input type="checkbox"/> _____, <input type="checkbox"/> _____, <input type="checkbox"/> _____ . <input type="checkbox"/> _____
Property Management	Person Responsible for Fire	Age or Date of Birth
<p>Ownership</p> <p>↓</p> <p>U <input type="checkbox"/> Undetermined % Total Acres Burned <input type="checkbox"/> _____ %</p> <p>Private</p> <p>1 <input type="checkbox"/> Tax paying % <input type="checkbox"/> _____ %</p> <p>2 <input type="checkbox"/> Non-tax paying % <input type="checkbox"/> _____ %</p> <p>Public</p> <p>3 <input type="checkbox"/> City, town, village, local % <input type="checkbox"/> _____ %</p> <p>4 <input type="checkbox"/> County or parish % <input type="checkbox"/> _____ %</p> <p>5 <input type="checkbox"/> State or province % <input type="checkbox"/> _____ %</p> <p>6 <input type="checkbox"/> Federal % <input type="checkbox"/> _____ %</p> <p style="text-align: center;">Federal Agency Code</p> <p>7 <input type="checkbox"/> Foreign % <input type="checkbox"/> _____ %</p> <p>8 <input type="checkbox"/> Military % <input type="checkbox"/> _____ %</p> <p>0 <input type="checkbox"/> Other % <input type="checkbox"/> _____ %</p>	<p>1 <input type="checkbox"/> Identified person caused fire</p> <p>2 <input type="checkbox"/> Unidentified person caused fire</p> <p>3 <input type="checkbox"/> Fire not caused by person</p>	<p style="text-align: center;">Age in Years</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Date of Birth</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;"> Month Day Year </p>