



Golden Fire Department CSFS Fire Incident Report



FIRE NAME	<input type="text"/>	INCIDENT NUMBER	<input type="text"/>
DATE	<input type="text"/>	DAY OF THE WEEK	<input type="text"/>
DISPATCH TIME	<input type="text"/>	ARRIVAL TIME	<input type="text"/>
IN-SERVICE TIME	<input type="text"/>		
FIRE LOCATION	<input type="text"/>	COUNTY	<input type="text"/>
LATITUDE	<input type="text"/>	LONGITUDE	<input type="text"/>
ELEVATION	<input type="text"/>		
TOWNSHIP	<input type="text"/>	RANGE	<input type="text"/>
SECTION	<input type="text"/>	1/4SECTION	<input type="text"/>
<input type="checkbox"/> GRASS <input type="checkbox"/> MTN. SHRUB <input type="checkbox"/> PONDEROSA PINE <input type="checkbox"/> SPRUCE/FIR			
FUEL TYPES:	<input type="checkbox"/> OAK BRUSH <input type="checkbox"/> SLASH <input type="checkbox"/> DOUGLAS-FIR <input type="checkbox"/> OTHER		
	<input type="checkbox"/> SAGE BRUSH <input type="checkbox"/> PINION / JUNIPER <input type="checkbox"/> LODGEPOLE PINE		
MUTUAL AID:	<input type="checkbox"/> NONE <input type="checkbox"/> RECV'D <input type="checkbox"/> GIVEN		
FIRE INCIDENT TYPE:	<input type="text"/>		
OWNERSHIP CLASS	<input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> FEDERAL		
LAND CLASS:	<input type="checkbox"/> NON-FOREST <input type="checkbox"/> COMMERCIAL FOREST <input type="checkbox"/> NON-COMMERCIAL FOREST		
	<input type="checkbox"/> LIGHTING <input type="checkbox"/> DEBRIS BURNING <input type="checkbox"/> RAILROAD		
IGNITION FACTOR:	<input type="checkbox"/> CAMP FIRE <input type="checkbox"/> ARSON <input type="checkbox"/> CHILDREN		
	<input type="checkbox"/> SMOKING <input type="checkbox"/> EQUIPMENT USE <input type="checkbox"/> OTHER		
RESOURCES ASSIGNED: TYPE AND QUANTITY	<input type="checkbox"/> TYPE 1 <input type="text"/>	<input type="checkbox"/> TYPE 6 <input type="text"/>	<input type="checkbox"/> HAND CREW <input type="text"/>
	<input type="checkbox"/> TYPE 3 <input type="text"/>	<input type="checkbox"/> WATER TENDER <input type="text"/>	<input type="checkbox"/> SEAT <input type="text"/>
	<input type="checkbox"/> TYPE 4 <input type="text"/>	<input type="checkbox"/> AERIAL <input type="text"/>	<input type="checkbox"/> OTHER <input type="text"/>
TOTAL # OF PERSONNEL	<input type="text"/>	TOTAL # OF HOURS	<input type="text"/>
FINAL FIRE SIZE (ACRES)	<input type="text"/>		

COMMENTS

OFFICER IN CHARGE **Date**

**Fax completed report to Colorado State Forest Service (303) 278-3899
Also send copy to Admin. and Wildland Coordinator**

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