



The Commonwealth of Massachusetts  
 Department of Fire Services – Office of the State Fire Marshal  
 P.O. Box 1025, State Road, Stow, MA 01775



**Massachusetts Fire Incident Reporting System – Basic**

**A**

								<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> No Activity
FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *					

**B** **LOCATION** \*  Street Address  Intersection  In front of  Rear of  Adjacent to  Directions  Check this box if incident address is provided on Wildland Form

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix	Census Tract					

Apt./Suite/Room	City	State	Zip Code	Plus 4	-	Cross street or directions, as applicable			

**C** **INCIDENT TYPE** \* **CRITICAL INCIDENT**

	<input type="checkbox"/> Critical Incident		<input type="checkbox"/> Team Mobilized	
Incident Type		Circumstances		

**E** **DATES & TIMES** (Midnight is 0000)

Check boxes if dates are same as alarm date >

Alarm *	Arrival*	Controlled	Last Unit Cleared	Date	Time	Shift or Platoon	Alarms	District	Special Study ID#	Special Study Value	

**D**

Aid Given/Received *	Their FDID	Their State	Their Incident Number

**F** **ACTIONS TAKEN** \*

Primary Action Taken (1) *	

Additional Action Taken (2)	

Additional Action Taken (3)	

**G** **RESOURCES** \*

Apparatus	Personnel	

Suppression \_\_\_\_\_

EMS \_\_\_\_\_

Other \_\_\_\_\_

Check this box if resource counts include aid received resources.

**EST. \$ LOSSES & VALUES**

Property \$ \_\_\_\_\_  None

Contents \$ \_\_\_\_\_

**PRE-INCIDENT VALUE**

Property \$ \_\_\_\_\_

Contents \$ \_\_\_\_\_

**H** **CASUALTIES** \*

Deaths \_\_\_\_\_ Injuries \_\_\_\_\_

Fire Service \_\_\_\_\_

Civilian \_\_\_\_\_

**DETECTOR:**  1 Alerted Occupants  
 2 Didn't Alert Occupants  
 U Unknown

**HAZMAT RELEASE** \_\_\_\_\_

**I** **MIXED USE PROPERTY** \_\_\_\_\_

**J** **PROPERTY USE\*** \_\_\_\_\_

Entries contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the validity or accuracy of reported conditions outside the State Fire Marshal's Office is neither intended nor implied.

# Massachusetts Fire Incident Reporting System – Basic

<b>K<sub>1</sub></b>	<b>PERSON/ENTITY INVOLVED</b> <input type="checkbox"/> Check this box if same address as incident location. Then skip three duplicate address lines. <input type="checkbox"/> More people involved? Attach additional forms.									
	Business name (if applicable)								Area Code	
Mr./Mrs./Ms.		First Name			M/I	Last Name			Suffix	
Number			Prefix		Street or Highway				Street Type	Suffix
Post Office Box			Apt./Suite/Room		City			State	Zip Code	
Insurance Company								Total Insurance		

<b>K<sub>2</sub></b>	<b>OWNER</b> <input type="checkbox"/> Same as person involved? Skip this section. <input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines.									
	Business Name (if applicable)								Area Code	
Mr./Mrs./Ms.		First Name			M/I	Last Name			Suffix	
Number			Prefix		Street or Highway				Street Type	Suffix
Post Office Box			Apt./Suite/Room		City			State	Zip Code	
Insurance Company								Total Insurance		

<b>M</b>	OIC ID	First Name			M/I	Last Name		Position/rank		Assignment	Date
	MIC ID	First Name			M/I	Last Name		Position/rank		Assignment	Date

Check if same as officer in charge.