

# DATA REQUIRED FOR A CLAIM

**Date:** \_\_\_\_\_ **Incident #** \_\_\_\_\_

**Fire Officer:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Alarm** \_\_\_\_\_ **Cleared** \_\_\_\_\_

**Location:** \_\_\_\_\_

Vehicle #1	Vehicle #2
<b>Drivers Name:</b> _____	<b>Drivers Name:</b> _____
<b>Street Address:</b> _____	<b>Street Address:</b> _____
<b>City, State, Zip:</b> _____	<b>City, State, Zip:</b> _____
<b>Phone Number:</b> _____	<b>Phone Number:</b> _____
<b>Member or Resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Member or Resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Insurance Company:</b> _____	<b>Insurance Company:</b> _____
<b>Policy #:</b> _____	<b>Policy #:</b> _____
<b>Vehicle Make &amp; Model/ License/VIN:</b> _____	<b>Vehicle Make &amp; Model/ License/VIN:</b> _____

**REQUIRED For Extrication and Landing Zone (all below)**

Which party was extricated (circle):	DRIVER / PASSENGER
Extrication vehicle (Example: Honda, Ford, Dodge, etc.):	
Which party was the landing zone established for (circle):	DRIVER / PASSENGER
Landing Zone established for which vehicle (circle):	DRIVER / PASSENGER

**\* Add other details in Narrative Section (below)**

**REQUIRED For Trucking Incidents & High-Dollar HAZMAT Incidents (all below)**

<b>Name of the trucking company:</b> _____	
<b>Name of the driver:</b> _____	
<b>Name of the commercial insurance:</b> _____	
DOT # (helpful, but not required):	VIN#:

**\* Add other details in Narrative Section (below)**

**Narrative: (Please provide a brief description of duties performed):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Apparatus On Scene:</b>	<b>Personnel On Scene:</b>
----------------------------	----------------------------

**Scene Procedures (Indicate all that apply):**

<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Fluids Mitigation	<input type="checkbox"/> Helicopter Ops	<input type="checkbox"/> Extrication with Tools
<input type="checkbox"/> C-Spine	<input type="checkbox"/> Ambulance Transport	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Vehicle Fire
<input type="checkbox"/> Heavy Rescue	<input type="checkbox"/> Rope Rescue	<input type="checkbox"/> Airbags	<input type="checkbox"/> Debris Clean up