

Fire Loss Incident Summary Report

General Incident Information

Report Number:

Date of Incident:

Time of Incident:

Incident Location:

Type of Property:

Residential / Commercial / Industrial / Other

Reporting Party

Name:

Contact Number:

Relationship to Property:

Incident Description

Summary of Event:

Possible Cause (if known):

Response & Action Taken

Fire Department Arrival Time: _____

Actions Taken:

Evacuation Details:

Damages & Losses

Estimated Property Damage: _____

Casualties / Injuries: _____

Additional Notes:

Prepared By:

Date:

_____/_____/_____

Important Notes:

- Ensure all information is accurate and completed as soon as possible after the incident.
- Use clear, factual statements—avoid assumptions unless noted as such.
- Include witness accounts and attach photos or supporting documents if available.
- Retain a copy of this report for internal records and submit as required by authorities or insurers.
- This summary does not replace detailed investigations or official fire department reports.