

# Fire Loss Incident Summary Report

## General Incident Information

Report Number:

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Date of Incident:

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Time of Incident:

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Incident Location:

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Type of Property:

Residential / Commercial / Industrial / Other

## Reporting Party

Name:

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Contact Number:

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Relationship to Property:

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## Incident Description

Summary of Event:

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Possible Cause (if known):

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## Response & Action Taken

Fire Department Arrival Time: \_\_\_\_\_

Actions Taken:

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Evacuation Details:

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## Damages & Losses

Estimated Property Damage: \_\_\_\_\_

Casualties / Injuries: \_\_\_\_\_

Additional Notes:

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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.