

**EASTERN BERKS FIRE DEPARTMENT  
INCIDENT REPORT**

As of 11/2020

INCIDENT #: \_\_\_\_\_ YEAR TO DATE CALL #: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TYPE OF CALL: \_\_\_\_\_  
 TIMES: DISPATCH: \_\_\_\_\_ ON LOCATION: \_\_\_\_\_ AVAILABLE: \_\_\_\_\_  
 FIRE UNDER CONTROL: \_\_\_\_\_ PATIENT EXTRICATED: \_\_\_\_\_  
 LOCATION/ADDRESS: \_\_\_\_\_  
 TWP/BORO: \_\_\_\_\_ MEDEVAC USED: YES \_\_\_ NO \_\_\_  
 ASSISTED/ASSISTED BY: \_\_\_\_\_  
 PROPERTY OWNER/TENANT: \_\_\_\_\_  
 POLICE: PSP \_\_\_ BALLY \_\_\_ COLBROOKDALE \_\_\_ OTHER: \_\_\_\_\_  
 PD OFFICER NAME: \_\_\_\_\_  
 RESPONDING AMBULANCE: 505 \_\_\_ 525 \_\_\_ 575 \_\_\_ 332 \_\_\_ 369 \_\_\_ 329 \_\_\_ OTHER \_\_\_\_\_  
 HOSPITAL TRANSPORTED TO: \_\_\_\_\_

**RESPONDING APPARATUS AND DRIVER**

___ R97 _____	___ E97 _____	___ E97-1 _____
___ B97 _____	___ B97-1 _____	___ B97-2 _____
___ T97 _____	___ T97-1 _____	___ ATK97 _____
___ TRF97 _____	___ U97 _____	___ FP TRAILER 97 _____

**HOSE AND EQUIPMENT USED**

BOOSTER: \_\_\_\_\_ HARDSLIVES: \_\_\_\_\_ 5" \_\_\_\_\_  
 1 1/2" \_\_\_\_\_ 1 3/4" \_\_\_\_\_ 2 1/2" \_\_\_\_\_ 3" \_\_\_\_\_

**SPECIAL EQUIPMENT USED:** \_\_\_\_\_

**PATIENT/PROPERTY OWNER INFORMATION:**

	NAME	ADDRESS:	HOSPITAL/INS. INFO
1)			
2)			
3)			
4)			

INCIDENT NARRATIVE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# FIREFIGHTERS: \_\_\_\_\_ # FIRE POLICE: \_\_\_\_\_ #TOTAL ATTENDANCE \_\_\_\_\_  
 OFFICER IN CHARGE: \_\_\_\_\_ (ADDITIONAL INFO ON BACK)  
 DATA ENTERED INTO "FIREHOUSE" BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICERS & APPARATUS RESPONDED ON:**

- CHIEF 97:** Mike Mutter \_\_\_\_\_
- DEPUTY 97:** Chris Schaeffer \_\_\_\_\_
- ASST. 97-1:** Matt Bakes \_\_\_\_\_
- ASST. 97-2:** John Mutter \_\_\_\_\_
- ASST. 97-3:** Scott Reitnauer \_\_\_\_\_
- FIRE MARSHALL** \_\_\_\_\_

- CAPT. 97-1:** Jayme Benfield \_\_\_\_\_
- CAPT. 97-2:** Todd Soffa \_\_\_\_\_
- CAPT. 97-3:** JoJo Schmale \_\_\_\_\_
- LIEUT. 97-1:** Warren Bechtel \_\_\_\_\_
- LIEUT. 97-2:** Jeremy Wozniak \_\_\_\_\_
- LIEUT. 97-3:** James Strunk \_\_\_\_\_

**FIREFIGHTERS & APPARATUS RESPONDED ON:**

- Bartlett, Paul \_\_\_\_\_
- Benfield, Hunter \_\_\_\_\_ Jr
- Benfield, Jacob \_\_\_\_\_
- Bentz, Tim \_\_\_\_\_
- Diachynsky, Jared \_\_\_\_\_
- Grady, Kevin \_\_\_\_\_
- Gresh, Brennan \_\_\_\_\_ Jr
- Gamler, Mike \_\_\_\_\_
- Gresh, Eric \_\_\_\_\_
- Hiltner, Ben \_\_\_\_\_
- Himes, Mike \_\_\_\_\_
- Himes, Danyell \_\_\_\_\_
- Holley, Zach \_\_\_\_\_
- Imbody, Brian \_\_\_\_\_
- Julian, Jack \_\_\_\_\_
- Kauffman, Scott \_\_\_\_\_
- Keown, Larry \_\_\_\_\_
- Jordan, Steph \_\_\_\_\_
- Jordan, Will \_\_\_\_\_

- Marks, Brent \_\_\_\_\_
- Melcher, Corey \_\_\_\_\_
- McGlocklin, Grant \_\_\_\_\_
- Mohn, Alex \_\_\_\_\_
- Mutter, Sage \_\_\_\_\_
- Nagle, Goeffrey \_\_\_\_\_
- O'Brien, Bill \_\_\_\_\_
- Quigley, Kevin \_\_\_\_\_
- Reitnauer, David \_\_\_\_\_
- Reitnauer, Jeff \_\_\_\_\_
- Reitnauer, Megan \_\_\_\_\_ Jr
- Scott, Nick \_\_\_\_\_
- Melcher, Katelin \_\_\_\_\_ Jr
- Horning, Daryl \_\_\_\_\_
- Soffa, Ryan \_\_\_\_\_ Jr
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Ziegler, Matt \_\_\_\_\_

**FIRE POLICE & APPARATUS RESPONDED ON:**

- FP CAPT. 97-201:** Simpson, Harry \_\_\_\_\_
- FP LT. 97-202:** Rohrbach, Philip \_\_\_\_\_
- FP SGT. 97-203:** Simpson, Adrienne \_\_\_\_\_
- FP 97-204:** Eschbach, Paul \_\_\_\_\_
- FP 97-205:** Nihart, Krysta \_\_\_\_\_
- FP 97-206:** Formichella, Frank \_\_\_\_\_

- FP 97-208:** Bartlett, Paul \_\_\_\_\_
- FP 97-221:** Wolfe, Daniel \_\_\_\_\_
- FP 97-222:** \_\_\_\_\_
- FP 97-223:** Julian, Jack \_\_\_\_\_
- FP 97-224:** \_\_\_\_\_
- FP 97-225:** \_\_\_\_\_

**EMA**

- EMC 98 BALLY:** Mutter, Leo
- EMC 96 BECH:** Mayor
- EMC 97 BWB:** Hoffman, Bruce

- EMC 89 PIKE:** Hess, Brian
- EMC 88 DIST:** Adams, Tim
- EMC 97 BWB:** Fronheiser, Andy

**\*\*CALL TYPE/LOCATION \_\_\_\_\_ DATE \_\_\_\_\_**

**\*\**(COMPLETE IF USING AS A SECONDARY STATION ROSTER)***

**VEHICLE #1 INFORMATION**

YEAR	MAKE	MODEL	LICENSE PLATE STATE	VIN #:
DRIVER NAME:		ADDRESS:		PHONE #:
OWNER /INSURED NAME		ADDRESS:		PHONE #:
INS. POLICY #:		INS COMPANY NAME:		AT FAULT?
DESCRIPTION/EXTENT OF DAMAGE:				

**VEHICLE #2 INFORMATION**

YEAR	MAKE	MODEL	LICENSE PLATE STATE	VIN #:
DRIVER NAME:		ADDRESS:		PHONE #:
OWNER /INSURED NAME		ADDRESS:		PHONE #:
INS. POLICY #:		INS COMPANY NAME:		AT FAULT?
DESCRIPTION/EXTENT OF DAMAGE:				

**VEHICLE #3 INFORMATION**

YEAR	MAKE	MODEL	LICENSE PLATE STATE	VIN #:
DRIVER NAME:		ADDRESS:		PHONE #:
OWNER /INSURED NAME		ADDRESS:		PHONE #:
INS. POLICY #:		INS COMPANY NAME:		AT FAULT?
DESCRIPTION/EXTENT OF DAMAGE:				

**ADDITIONAL COMMENTS:**

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