

MAJOR FIRE REPORT FROM INSTALLATION/GARRISON THRU REGIONS TO HIGHER HEADQUARTERS

(Report required within 24 hours of fire)

For use of this form, see AR 420-1; the proponent agency is ACSIM.

1. TYPE OF REPORT

a. PRELIMINARY

b. FINAL

2. FROM

3. THRU

4. TO

**HQIMCOM/IMES-F and
ACSIM/DAIM-ISL**

5. REPORTING *(Installation Location)*

6. DATE/TIME OF FIRE *(Local)*

8. HOW REPORTED

a. TELEPHONE

b. ALARM SYSTEM

c. OTHER *(Please Specify)*

9. NFPA TYPE/BUILDING #

10. OCCUPANCY

11. NUMBER OF STORIES

12. CONSTRUCTION

13. AGE OF BUILDING

a. YEARS _____

b. MONTHS _____

14. FIRE LOSS

a. TOTAL

b. PARTIAL

15. FIRE ALARM SYSTEMS

(Indicate if none)

16. FIRE SUPPRESSION SYSTEMS

(Indicate if none)

17. FIRE FIGHTING ACTIONS *(Include number of installation and mutual aid fire, EMS, HAZMAT, and rescue vehicles, including staffing and responding times. Fire fighting hose evolutions, rescues, salvage, and final extinguishment time.)*

18. FIRE LOSS *(Army and/or Non-Army Property/Equipment Loss)*

a. FACILITY

b. GOVERNMENT CONTENTS

c. NON-GOVERNMENT CONTENTS

19. INJURIES/DEATHS *(Extent of Injuries, Who/Where Transported)*

20. CAUSE *(Already determined or under investigation.)*

21. TYPE OF INVESTIGATION *(Local, Safety Center, or Supplemental Technical Investigation required by AR 420-1. If Supplemental Technical Investigation, provide expected completion date.)*

22. PREPARED BY *(Name, E-mail, and Contact Number)*

23. COPY FURNISH

24. REPORTING OFFICIAL CONTACT BLOCK

(Name, Position Title, E-mail, and Contact Phone Number)