



EMERGIFIRE
emergency response billing



On-Scene Data Collection Form

Incident #:		Date:	
Location:			
Vehicle 1		Vehicle 2	
Driver's Name:		Driver's Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone Number:		Phone Number:	
Driver's License #:		Driver's License #:	
Insurance Company:		Insurance Company:	
Policy #:		Policy #:	
Vehicle Make, Model, LP #:		Vehicle Make, Model, LP #:	
VIN #:		VIN #:	
Name of Trucking Company:		Name of Trucking Company:	
Trucking Company Address:		Trucking Company Address:	
DOT #:		DOT #:	
Billing Information			
Total Apparatus on Scene		Total Personnel on Scene	
Billing Information Cont..			
Total time on Scene		Balance Bill (Yes or no)	
Scene Procedures Performed (Check all that apply)			
Traffic Control	Fluid Mitigation	Helicopter Ops	Extrication with Tools
C-Spine	Vehicle Fire Blanket or F-500 used	Airbags	Ambulance Transport
Heavy Rescue	Rope Rescue	Debris Clean Up	Fire Suppression
Incident Type (Check all that apply)			
Motor Vehicle Accident	Extrication	Vehicle Fire	Electric Vehicle Fire
Aircraft Accident	Helicopter Landing Zone	Technical Rescue	Gas Leak
Hazardous Materials Incident	Back Country or Special Rescue	Fire Investigation Service	Residential Structure Fire
Commercial Structure Fire	Elevator Response	Chief Response	Additional Apparatus
Specialized Equipment used	Supplies Used	Fire Alarm Response	Other
Narrative			
Completed By:		Date:	
Reviewed By:		Date:	
Sent to EmergiFire by:		Date:	