



**KING OF PRUSSIA VOLUNTEER FIRE COMPANY**  
**170 ALLENDALE ROAD**  
**KING OF PRUSSIA, PENNSYLVANIA 19406**  
610-265-1063 Allendale Road Station  
610-337-8230 West Beidler Road Station  
610-265-3205 FAX  
610-265-5635 Social Hall  
email [kpvfc@pond.com](mailto:kpvfc@pond.com)  
Web [www.kpvfc.com](http://www.kpvfc.com)

## Standard Operating Guidelines

**SOG NO.:** KP-1-0013

**SOG TITLE:** FILLING OUT INCIDENT REPORTS

**ADOPTION DATE:** 01/92

**REVISION DATE:** 01/05

**NO. OF PAGES:** 3

**Purpose:** To establish guidelines and policy governing the completion of Incident Reports and incorporate the Upper Merion Township Guidelines into the King of Prussia Volunteer Fire Company Standard Operating Guidelines.

Incident reports (see attachment) are only to be completed by an officer after the incident is terminated. A copy of the final incident print (from Montgomery County Dispatch) is to be attached to the Incident Report. Incident Command sheets, notes, etc. are to be attached to the incident report when necessary.

No incident report is to be released to anyone (with the exception of the Fire Marshal's office) without the expressed permission of the Fire Chief.

Should there be an accident/incident where injury to a firefighter or property damaged to owned property occurs, the appropriate report for firefighter injury (SOG KP-1-0017) or property damage (SOG KP-1-0016) is to be completed in accordance with the Upper Merion Township policy and form.

See attached document

All incident reports will be input into the FIREHOUSE software program on a monthly basis and forwarded to Montgomery County Emergency Management Center for PFIRS compliance.



**King of Prussia Vol. Fire Co.**  
 170 Allendale Road  
 King of Prussia, Pennsylvania 19406  
 Phone: 610-265-1063 Fax: 610-265-3205

**INCIDENT REPORT**

KING OF PRUSSIA VOL. FIRE CO. INCIDENT NO.: \_\_\_\_\_  
 (Month) (Year)

MONTGOMERY COUNTY INCIDENT NO.: \_\_\_\_\_

PA TURNPIKE INCIDENT NO.: \_\_\_\_\_ TROOPER NAME: \_\_\_\_\_

UPPER MERION POLICE INCIDENT NO. (IF NEEDED): \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TYPE OF CALL: \_\_\_\_\_

TIME OF DISPATCH: \_\_\_\_\_ FIRE DISTRICT: 47 48 49 OTHER: \_\_\_\_\_

TIME OF ARRIVAL: \_\_\_\_\_ ASSIST CO.: 48 49 317 OTHER: \_\_\_\_\_

TIME AVAILABLE: \_\_\_\_\_

ADDRESS / LOCATION OF INCIDENT: \_\_\_\_\_

OWNER / OCCUPANTS NAME: \_\_\_\_\_

VEHICLE TYPE: \_\_\_\_\_ VEHICLE REG: \_\_\_\_\_

**FIREFIGHTER INJURIES:**

NAME: \_\_\_\_\_ NATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ NATURE: \_\_\_\_\_

FIRE CO. ACTION FOR INCIDENT: \_\_\_\_\_

LOST/DAMAGED EQUIPMENT: \_\_\_\_\_

INCIDENT REFERRED TO: UM-59 UM-591 UMPD PSP OTHER: \_\_\_\_\_

OFFICER-IN-CHARGE: \_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_