

FIELD FIRE BEHAVIOR REPORT

DATE _____ DISPATCH # _____
ODF # _____ WNF MC _____ FIRE NAME _____

INSTRUCTIONS: All items must be completed. Relay the information below, items 1-6 at least, to Zone Dispatch. The form must be turned into the your **Duty Officer** within three days of initial attack.

1. **FINAL LEGAL** T. _____ R. _____ S. _____ SS _____ **LANDMARK** _____

2. **SIZE AT INITIAL ATTACK (EST)**
_____ . _____

Air Tanker: _____
Handcrews: _____
Fallers: _____

3. **CHARACTER OF FIRE**

Smoldering _____ Crowning _____
Creeping _____ Spotting _____
Running _____ Erratic _____

4. **GENERAL FUELS/NFDR MODEL**

Grass: _____
Brush: Dense Brush _____
Sagebrush _____
Bitterbrush _____

Timber: DBH _____
Species _____
Closed canopy _____
Open canopy _____

Slash: Heavy _____
Medium _____
Light _____

Non-wildland fuel: _____
OTHER: _____

5. **CAUSE:** LIGHTNING _____
Unknown _____

8. **ESTIMATED WIND.**

NONE _____ NORTH _____
0-5 _____ SOUTH _____
5-10 _____ EAST _____
10+ _____ WEST _____

9. **AVG. FLAME LENGTH (FT)**

0-2' _____ 6-8' _____
2-4' _____ 8-12' _____
4-6' _____ 12'+ _____

10 **SLOPE EXPOSURE (ASPECT).**

Flat _____ South _____
North _____ SW _____
NE _____ West _____
East _____ NW _____
SE _____ Ridgetop _____

6. **CAN HANDLE WITH PRESENT RESOURCES?**

YES _____ NO _____

11 **POSITION ON THE SLOPE.**

Ridgetop _____ Lower 1/3 _____
Upper 1/3 _____ Flat _____
Middle 1/3 _____

7. **RESOURCES NEEDED:**

Engines: _____
Dozers: _____
Water Tender _____
Helicopter: _____

12 **AVERAGE PERCENT SLOPE.**

_____ %

13 **ELEVATION** _____

COMMENTS:

(Blue 3/95)

FIELD FIRE DATA

Protection Agency at Origin: FS___ ODF___ BLM___ Rural:

Ownership at Origin: FS___ BLM___ ODF___ PVT:

Was Fire Within 300 feet of a Structure: Yes ___ No

Total Acres: _____ (FS:_____ ODF:_____ OTHER:_____)

Origin: Date _____ Time _____
Discovery: _____
Initial Attack: _____
Containment: _____
Control: _____
Mopped Up: _____
Fire Out: _____

Detection Method: Look Out ___ Private Forest Worker ___ Motorist ___
Air Patrol ___ Landowner ___ Public ___ Agency Employee ___
Other Agency Employee ___ Other ___

CAUSE: (Write the specific cause after most probable cause)

Railroad _____ Log/Lum/Equip _____ Camp Fire _____
Smoker _____ Debris _____ Incendiary _____
Child _____ Lightning _____ Other _____

Landowner Related ___ (Seasonal Resident___ / Permanent Resident___)
Public Related ___ Name of Individual Responsible _____

First I.A. Action By: WNF___ ODF___ FRF___ BLM___ RURALS___ Other _____

I.A. primarily with: Hndtls___ Engs___ Dozs___ AT___ Jumpers ___ Helitack___
Heli/buckt___ Other _____

ACCOMPANYING DOCUMENTS:

___ Supervisor's Field Time Report (This must be sent in along with all Fire Behavior Reports to Kingsley Fire Center)

___ Fire Investigation Summary (for human caused fires only)

NOTE: Please include Time and Mileage (number of persons, number of hours each and total mileage) in the remarks column on the Supervisor's Time Report. This must be filled out on any resource on an ODF fire or ODF personnel on other Agency fires.

IMPORTANT EVENTS:

Prepared By: _____ Date _____
(Incident Commander)