



# Massachusetts Fire Incident Reporting System – Basic

<b>K<sub>1</sub></b>	<b>PERSON/ENTITY INVOLVED</b> <input type="checkbox"/> Check this box if same address as incident location. Then skip three duplicate address lines. <input type="checkbox"/> More people involved? Attach additional forms.										
	Business name (if applicable)								Area Code		Phone Number
	Mr./Mrs./Ms.		First Name			M/I	Last Name			Suffix	
	Number			Prefix		Street or Highway				Street Type	Suffix
	Post Office Box			Apt./Suite/Room		City			State	Zip Code	
	Insurance Company								Total Insurance		-

<b>K<sub>2</sub></b>	<b>OWNER</b> <input type="checkbox"/> Same as person involved? Skip this section. <input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines.										
	Business Name (if applicable)								Area Code		Phone Number
	Mr./Mrs./Ms.		First Name			M/I	Last Name			Suffix	
	Number			Prefix		Street or Highway				Street Type	Suffix
	Post Office Box			Apt./Suite/Room		City			State	Zip Code	
	Insurance Company								Total Insurance		-

<b>M</b>	OIC ID	First Name			M/I	Last Name		Position/rank		Assignment	Date
	MIC ID	First Name			M/I	Last Name		Position/rank		Assignment	Date

Check if same as officer in charge.