



## INCIDENT REFERRAL FORM NFD/ NPD

### Incident Information

Incident Number:

Incident Date:

Referring Officer / Firefighter Name:

Contact number:

Other referring name:

Contact number:

Incident Address:

Investigator's Name:

Investigator's

Incident #:

Where did the incident / fire occur?

Items ignited:

Source of ignition: Matches  Lighter  Fireworks  Other

(Please explain):

Brief overview of incident:

For official use only

Y-FIRE session recommended:

Date scheduled:

Group fire safety education recommended:

Date scheduled:

Intervention Specialist assigned:

Program completion date:

Follow up completion date: