



## TEXAS DEPARTMENT OF INSURANCE

### State Fire Marshal's Office (112-FM)

333 Guadalupe Street, Austin, Texas 78701 ★ PO Box 12107, Austin, Texas 78711  
(512) 676-6800 | F: (512) 490-1063 | TDI.texas.gov/fire | @TXSFMO

## Firefighter Witness Interview Form

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Name

Date of birth

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Department

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Rank/Title

Unit number

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Shift assignment and duty

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Home address

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City

State

ZIP

County

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Employer

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Home number

Cell number

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Work number

Other number

## Notification and Arrival Phase

1. How did you become aware of the initial call?

2. What time was it?

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3. Where were you when you first became aware of the call?

4. How did you travel to the scene?

5. When you first arrived at the scene, what did you observe?

6. What time did you arrive?

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7. Upon your arrival, did you see, smell, or hear anything that you would consider unusual at the scene?

8. Did you arrive prior to the arrival of fire/EMS?  Yes  No

**If yes**, go to question 8a.

**If no**, go to question 9.

8a. If you arrived before fire/EMS, who did you report to?

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Name	Rank	Department
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8b. What did you do before the arrival of fire/EMS?

8c. When you first arrived, what was the status of the incident?

Please describe your observations.

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Number of victims	Number of patients
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Patient(s) Condition

Scene conditions

Other responder's actions

Weather conditions

Building or room condition

Road Conditions

Lighting (ambient and/or scene)

9. If you went to the scene in a fire/EMS vehicle, describe the status of the incident when you arrived.

Please describe your observations:

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Number of victims

Number of patients

Patient(s) Condition

Scene conditions

Other responder's actions

Weather conditions

Building or room condition

Road Conditions

Lighting (ambient and/or scene)

Barriers, guardrails etc.

Fire apparatus placement

Other emergency vehicle placement

Traffic control devices

9a. What time did you arrive?

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9b. When you arrived at the scene, who did you report to?

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Name	Rank	Department
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10. When you arrived at the scene, what fire/rescue activities were in progress when you arrived?

11. What medical care was given by responders?

12. What EMS Service was used to transport the victim(s)?

13. Where was victim(s) transported?

14. Did FD personnel ride in or drive ambulance?  Yes  No

If **yes**, who was it?

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Name	Rank	Department
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### Incident Details

15. Please describe in order, what tasks you performed while at the scene, from arrival to the time you left the scene.

16. What personal protective equipment, including gloves, helmet, bunker gear, traffic vest, handheld devices, lights, etc. did you wear at the scene?

17. Were you working in the area the fatality or injury occurred?  Yes  No

If **no**, go to question 18.

17a. Please describe your activities and what you saw in the area at the time of the injury or death.

17b. What was the firefighter doing at the time of the injury or death?

17c. What type of protective equipment (bunker gear, helmet, traffic vest, handheld devices, lights, etc.) was the firefighter wearing just before the incident?

17d. Did this impede medical care?     Yes     No

17e. What is the last thing you remember before the injury or fatality occurred?

18. How and when did you become aware that a fire fighter was down, had been injured, or had died?

19. Did you hear any radio traffic involving the death or injury?  Yes  No

20. Did you hear any sounds you consider unusual at a scene?  Yes  No

**If yes**, please describe what you heard.

21. Were you involved in any rescue attempts involving any firefighters that had become injured?  Yes  No

**If yes**, please describe.

22. As you observed the scene, please describe how the incident got larger or smaller while you were there.

22a. Describe any unusual events you saw, smelled, or heard while you were on the scene.

22b. If you remember the times of specific events that occurred, please note them.

23. Did any additional fire apparatus, law enforcement vehicles, or ambulances arrive while you were on the scene?  Yes  No

**If yes**, please describe the sequence and times they arrived.

### **Departure and Post-Scene Phase**

24. Why did you leave the scene?

25. What time did you leave the scene?

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26. What was the status of the incident when you left the scene?

Please describe your observations:

Scene conditions

Other responder's actions

Weather conditions

Building or room condition

Road Conditions

Lighting (ambient and/or scene)

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Number of victims

Number of patients

Barriers, guardrails etc.

Fire apparatus placement

Other emergency vehicle placement

Traffic control devices

27. After you left the scene, where did you go and what did you do?

28. Has any other information come to you regarding the incident after you left the scene?  Yes  No

**If yes**, what?

29. Do you remember who told you and when you heard it?  Yes  No

**If yes**, who and when?

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30. Did you receive any notifications via social media?  Yes  No

**If no**, go to question 31.

30a. What did they say?

30b. Who were they from?

31. Do you take any photographs before or after the incident?  Yes  No

**If yes**, please provide a copy to the investigator.

32. Are there any other statements you want to make?  Yes  No

33. Please draw a sketch on the back of this form (if a sketch is not provided) showing your recollection of the scene including apparatus placement, hose lines, equipment, other vehicles, victims, personnel locations and where you worked during the incident. If you moved to a different location, please mark them as 1, 2, 3 etc.

Use the back of as many of the pages as you need if multiple sketches are required.

Thank you for assistance. Someone may contact you for additional information.

If you receive any additional information on this fire, contact Capt. Brian Fine with the State Fire Marshal's Office at (512) 417-7162.

**Do Not Write Below This Line - Investigator Use Only**

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Interviewed by Agency

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Date (mm/dd/yyyy) Time

Is a follow-up required?  Yes  No

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Assigned to