

# FIRE INVESTIGATION WORKBOOK

Version 3

Case #: \_\_\_\_\_

Lead Investigator: \_\_\_\_\_

# Fire Investigation Workbook

Date Received by Inv:	Case #:
Date/Time of Fire:	Lead Investigator:
Date of Investigation:	Status:
<b>Classification of Fire:</b>	
<input type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined	
Fire Address:	City:                      County:
Fatalities/Injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, # and F or I:
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy    Humidity _____ Temp. _____ Wind _____ Wind Direction _____	
Assisting Investigators/K-9:	

<b>Person Reporting/Discovering Fire (NAME):</b>		Phone #:	
Address:	City:	State:	Zip:
DOB:                      Age:	Driver's License #:	SSN:	Sex:    Race:

<b>Property Owner/Manager (NAME):</b>		Phone #:	
Address:	City:	State:	Zip:
DOB:                      Age:	Driver's License #:	SSN:	Sex:    Race:
Insurance:	Policy#:	Agent:	
<b>Occupant (NAME):</b>		Phone #:	
Address:	City:	State:	Zip:
DOB:                      Age:	Driver's License #:	SSN:	Sex:    Race:
Insurance:	Policy#:	Agent:	

Requestor/Agency:	Phone:
Other investigating Agencies:	Phone:
<b>Is fire Investigation an active criminal investigation/prosecution?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

## PROPERTY DESCRIPTION

Discuss Right of Entry (ie: exigent circumstances, consent, admin warrant, search warrant): \_\_\_\_\_

Occupancy	<input type="checkbox"/> Dwelling <input type="checkbox"/> Business <input type="checkbox"/> Unoccupied <input type="checkbox"/> Other _____ <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Tenant Occupied              Approximate Age _____ # Stories _____              # Rooms _____              # Baths _____              Type of Occupancy _____																																	
Approximate Dimensions _____ Total Square Feet _____																																		
Building Construction	Exterior Finish <input type="checkbox"/> Frame <input type="checkbox"/> Metal/Plastic Siding <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Stone Veneer <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Other _____		Interior Finish <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Floors</td> <td style="width: 25%;">Sub Floor</td> <td style="width: 25%;">Ceilings</td> <td style="width: 25%;">Walls</td> </tr> <tr> <td><input type="checkbox"/> Carpet</td> <td><input type="checkbox"/> Plywood</td> <td><input type="checkbox"/> Sheetrock</td> <td><input type="checkbox"/> Sheetrock</td> </tr> <tr> <td><input type="checkbox"/> Tile (ceramic/porcelain)</td> <td><input type="checkbox"/> Plank</td> <td><input type="checkbox"/> Plaster/Lath</td> <td><input type="checkbox"/> Plaster/Lath</td> </tr> <tr> <td><input type="checkbox"/> Linoleum</td> <td><input type="checkbox"/> Particle Board</td> <td><input type="checkbox"/> Panel</td> <td><input type="checkbox"/> Panel</td> </tr> <tr> <td><input type="checkbox"/> Hardwood</td> <td><input type="checkbox"/> Tile</td> <td><input type="checkbox"/> Tile</td> <td><input type="checkbox"/> Ply Panel</td> </tr> <tr> <td><input type="checkbox"/> Plywood</td> <td><input type="checkbox"/> Slab</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Particle Board</td> <td><input type="checkbox"/> _____</td> <td></td> <td></td> </tr> </table>				Floors	Sub Floor	Ceilings	Walls	<input type="checkbox"/> Carpet	<input type="checkbox"/> Plywood	<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Tile (ceramic/porcelain)	<input type="checkbox"/> Plank	<input type="checkbox"/> Plaster/Lath	<input type="checkbox"/> Plaster/Lath	<input type="checkbox"/> Linoleum	<input type="checkbox"/> Particle Board	<input type="checkbox"/> Panel	<input type="checkbox"/> Panel	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Tile	<input type="checkbox"/> Tile	<input type="checkbox"/> Ply Panel	<input type="checkbox"/> Plywood	<input type="checkbox"/> Slab	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Particle Board	<input type="checkbox"/> _____		
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Roofing Construction	<input type="checkbox"/> Composition material <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Other _____																																	
Heating	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Other _____   Make of Heater: _____ Central [ ] Forced Air [ ] Baseboard [ ] Ceiling [ ] Wall Mounted [ ] Space Heaters [ ] Heat Pump																																	
Air Conditioning	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Other _____																																	
Propane Tank	Location of Tank: _____ % Full: _____ PSI: _____																																	
Electrical Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Other _____ Source: <input type="checkbox"/> Public Utility <input type="checkbox"/> Generator <input type="checkbox"/> Extension Cord <input type="checkbox"/> Solar Panels <input type="checkbox"/> Other _____																																	
Intrusion Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No		Type _____ <input type="checkbox"/> Local <input type="checkbox"/> Monitored																															
Smoke/Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No		Type _____ <input type="checkbox"/> Local <input type="checkbox"/> Monitored																															
Building Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No		Type _____ <input type="checkbox"/> Local <input type="checkbox"/> Monitored																															
Fire Extinguishers	Size: _____ Location: _____ Used: _____ Date of Purchase: _____ Inspection Date: _____																																	

Garage	<input type="checkbox"/> None <input type="checkbox"/> Attached <input type="checkbox"/> Detached                      Appx. Size _____			
Outbuildings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Damaged <input type="checkbox"/> Undamaged			

Fire Protection	<input type="checkbox"/> Paid <input type="checkbox"/> Combo <input type="checkbox"/> Volunteer <input type="checkbox"/> Unknown Department _____			
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### FIRE SCENE EXAMINATION

Completed During Examination	<input type="checkbox"/> Diagram Date Examination Began _____	<input type="checkbox"/> Video	<input type="checkbox"/> Photographs Date Examination Completed _____	<input type="checkbox"/> Measurements
Direction front of building faces: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			GPS Cords. (if needed): _____/_____	

Explain site safety survey:
Explain scene security:
Provide a description of the overall exterior of the building (not fire damage):
Describe fire damage to any exterior structures/vehicles/exposures (are they logically connected?):
Describe the exterior fire damage (work in a systematic method around exterior):
Describe the conditions of all doors and windows:
Explain all signs of forced entry:

**FIRE SCENE EXAMINATION (cont.)**

Describe interior fire damage (work in systematic fashion):


Describe the effects of fire suppression on fire spread:


Describe any abnormal conditions that affected fire spread (doors blocked open, windows open, etc.):


Identify any unusual burn patterns, unconnected fires, trailers, sets, timing devices:


Describe the personal contents. Were they the normal type and quantity expected? Note type and brand name of appliances. Signs of theft or contents not appropriate for occupants description?


**FIRE SCENE EXAMINATION (cont.)**

Explain the method of reconstruction:

Describe the spread of the fire based on burn patterns and fire dynamics:

Describe the room of origin and the area within the room where the fire originated:

Describe the point of origin (if applicable):

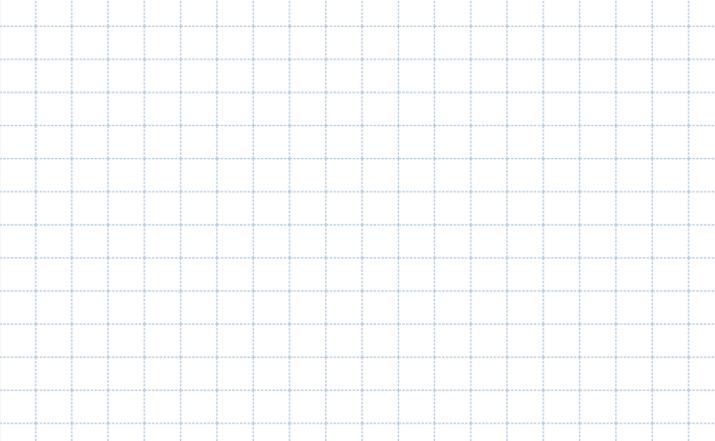
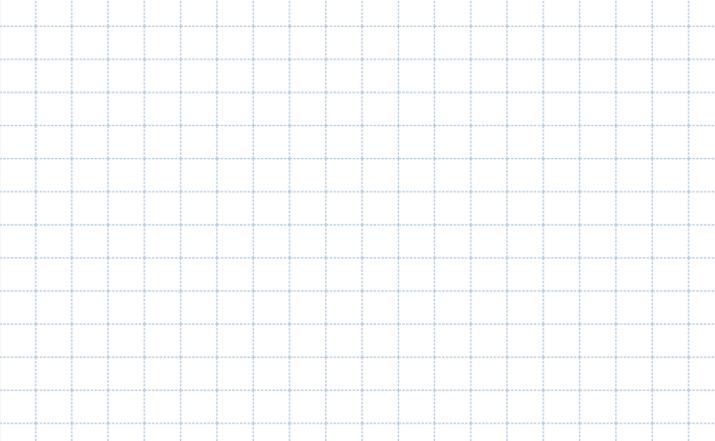
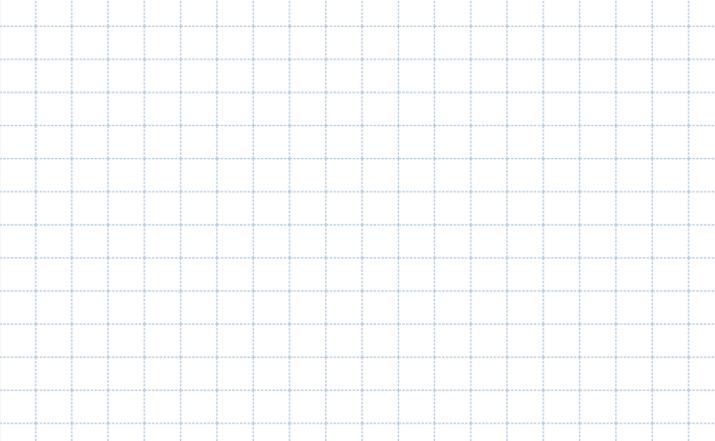
Complete "Room Data" form for room of origin.

Complete Ignition Matrix.

Describe the first material ignited and ignition sequence:



## ROOM FIRE DATA

<b>Room:</b>  <b>Length:</b>  <b>Width:</b>  <b>Height:</b>  Note ceiling height changes:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">Floor Plan</td> <td style="width: 20%; text-align: center;">Room #</td> </tr> <tr> <td colspan="2" style="text-align: center;">  </td> </tr> </table>	Floor Plan	Room #		
Floor Plan	Room #				
					

<b>Walls</b>	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
<b>Ceiling</b>	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
<b>Floor</b>	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N

**Openings** (door, window, other vents) into room (number on plan above):

Height (bottom to top of openings)	Sill Height	Soffit Depth (above opening)	Width	Open or Closed? Changes During Fire?
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**Damages**

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**Furnishings** (descriptions of major fuel items, including floor and wall coverings, draperies):

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<b>Room:</b>  <b>Length:</b>  <b>Width:</b>  <b>Height:</b>  Note ceiling height changes:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px dotted black;">Floor Plan</td> <td style="width: 20%; border-bottom: 1px dotted black;">Room #</td> </tr> <tr> <td colspan="2" style="border: 1px dotted black;"> </td> </tr> </table>	Floor Plan	Room #		
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<b>Ceiling</b>	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
<b>Floor</b>	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N

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1.				
2.				
3.				
4.				
5.				
6.				
7.				

**Damages**

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**Furnishings** (descriptions of major fuel items, including floor and wall coverings, draperies):

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# IGNITION MATRIX

Fuel-Source Matrix Chart		Agency/Company:				File/Case #			
Fuel-Source									
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
A	A	A	A	A	A	A	A	A	A

**Color Legend**  
Red = Competent and close  
Blue = Not competent  
Yellow = Competent but ruled out

**Codes**  
P= Plume or flashover  
W= Witnessed  
F= Open flame

**Codes**  
N= Not energized

Original design & Courtesy of:  
Lou Billanca P.E.

## SUPPRESSION

Incident Commander:	1st Unit on Scene:	
1st Fire Fighter Interior:	1st Officer on scene:	
<u>Responding Fire Departments:</u>  Primary: _____ _____ _____ _____	<u>Responding Law Enforcement:</u> _____ _____  <u>Responding EMS:</u> _____ _____	Additional First Responders:
<b>Fire Suppression:</b> <input type="checkbox"/> effective <input type="checkbox"/> ineffective <input type="checkbox"/> not attempted Dispatch Time: _____ Arrival time _____ Time Fire Controlled: _____		

Name of Person Interviewed:		Phone #:	
Unit #:	Rank:	Department:	
Was Smoke Visible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Flames Visible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If flames visible, where?			
Was forced entry necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why?	By Whom?
Did fire crews attempt to open doors/windows before forcing entry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where was fire concentrated?		Any unconnected fires? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe:			
Were contents normal for structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:	
Was any property removed by FD from fire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe property owner/tenant's appearance, demeanor, actions, and comments			
<b>Comments and/or Opinions of Fire Scene (spread of fire, origin/cause, history of residence. other needed facts)</b>			
Interviewed By _____		Date _____	Time _____
		Follow-Up Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	



## OCCUPANT

Name:	Location of interview:
<p style="text-align: center;"><b>STRUCTURAL USE</b></p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Unoccupied <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tennant Occupied <input type="checkbox"/> Other    Are Taxes Current? _____	<p style="text-align: center;"><b>VEHICLE</b></p> <input type="checkbox"/> Owned <input type="checkbox"/> Rental <input type="checkbox"/> Leased Year _____    Make _____    Model _____

Age of Home/Vehicle:	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Carrier:	Policy #:	Policy Amount: \$
Lien Holder:	Loan Balance: \$	Appraised Value: \$
Describe recent repairs, additions, or alterations:		
Describe electrical, mechanical, utility problems recently experienced:		
If Tenant lives/operates the property, describe relationship (rent current, evictions, disputes):		
Describe conflicts with neighbors, co-workers, family, etc.?		
<p style="text-align: center;"><b>FLAME USE</b></p> <input type="checkbox"/> Smoking <input type="checkbox"/> Candles/Incense <input type="checkbox"/> Fireplace <input type="checkbox"/> Illicit Drugs <input type="checkbox"/> Outdoor Burning <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Heater/Space Heater	<p style="text-align: center;"><b>SERVICES IN USE</b></p> Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No    Provider _____ Natural Gas <input type="checkbox"/> Yes <input type="checkbox"/> No    Provider _____ Propane <input type="checkbox"/> Yes <input type="checkbox"/> No    Provider _____	
Smoke Detector? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ Location: _____	Fire/Smoke/Security Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring Service:

<b>Notes</b>
Occupant's Demeanor:

Interviewed By _____	Date _____	Time _____	Follow-Up Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> <b>SUSPECT</b> <input type="checkbox"/> <b>WITNESS</b>			
Name:	Hm. Phone #:	Cell Phone #:	
Address:	City:	State:	Zip:
DL#:	State:	DOB:	Occupation:
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	DL Check	<input type="checkbox"/> Yes <input type="checkbox"/> No   CCH <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INVESTIGATOR USE</b> <input type="checkbox"/> Interviewed <input type="checkbox"/> Miranda Warning <input type="checkbox"/> Statement <input type="checkbox"/> Confession <input type="checkbox"/> Photo Obtained <input type="checkbox"/> Video <input type="checkbox"/> DNA Standard <input type="checkbox"/> Audio <input type="checkbox"/> Fingerprints		SSAN#:	FBI#:
		SID#:	HT_____in WT_____lbs
		Hair_____Eyes_____	POB:

<input type="checkbox"/> <b>SUSPECT</b> <input type="checkbox"/> <b>WITNESS</b>			
Name:	Hm. Phone #:	Cell Phone #:	
Address:	City:	State:	Zip:
DL#:	State:	DOB:	Occupation:
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	DL Check	<input type="checkbox"/> Yes <input type="checkbox"/> No   CCH <input type="checkbox"/> Yes <input type="checkbox"/> No
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		SID#:	HT_____in WT_____lbs
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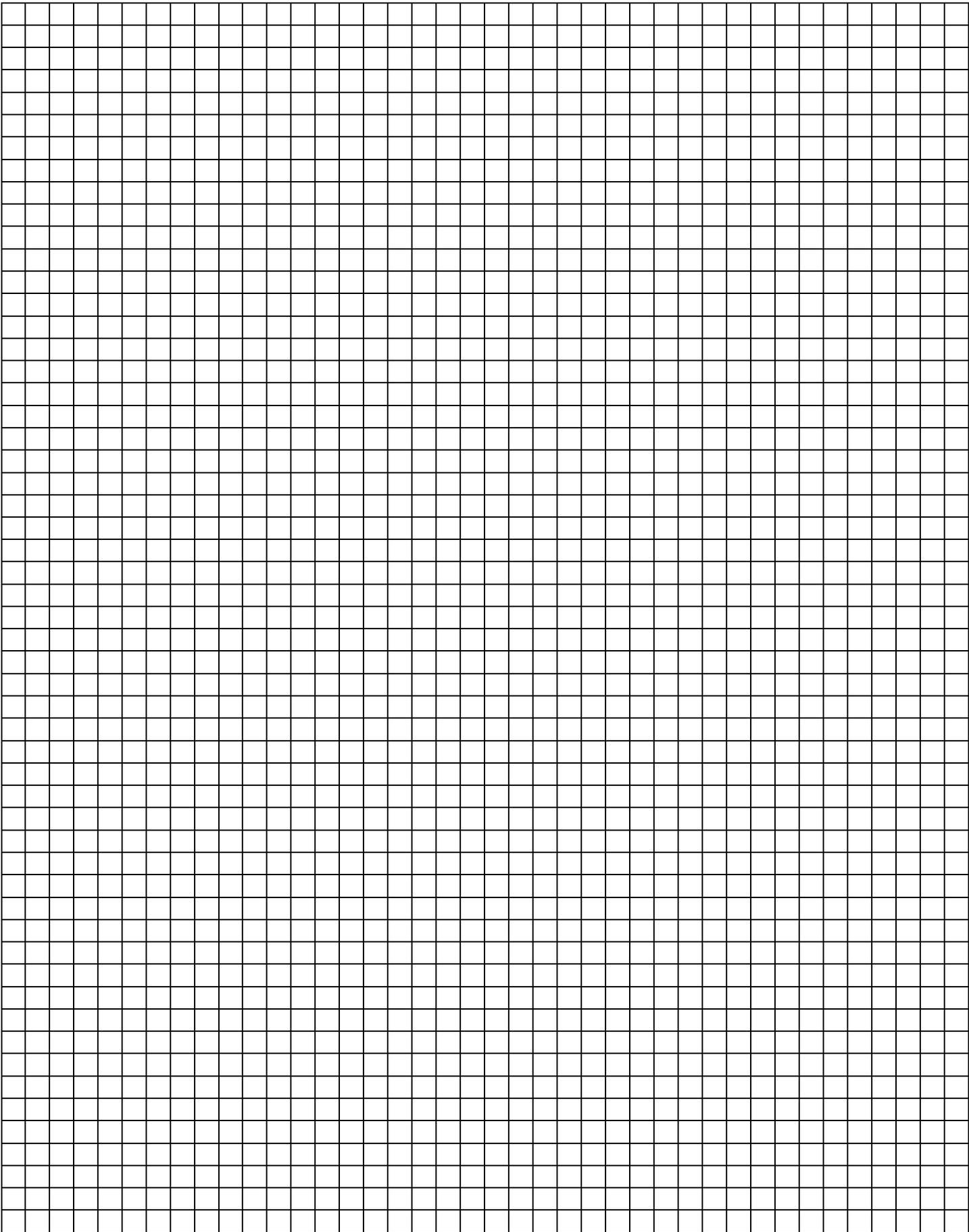
<input type="checkbox"/> <b>SUSPECT</b> <input type="checkbox"/> <b>WITNESS</b>			
Name:	Hm. Phone #:	Cell Phone #:	
Address:	City:	State:	Zip:
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		SID#:	HT_____in WT_____lbs
		Hair_____Eyes_____	POB:

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<input type="checkbox"/> SUSPECT		<input type="checkbox"/> WITNESS	
Name:	Hm. Phone #:	Cell Phone #:	
Address:	City:	State:	Zip:
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Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	DL Check	<input type="checkbox"/> Yes <input type="checkbox"/> No CCH <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name:	Hm. Phone #:	Cell Phone #:	
Address:	City:	State:	Zip:
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		SID#:	HT_____in WT_____lbs
		Hair_____Eyes_____	POB:

<input type="checkbox"/> SUSPECT		<input type="checkbox"/> WITNESS	
Name:	Hm. Phone #:	Cell Phone #:	
Address:	City:	State:	Zip:
DL#:	State:	DOB:	Occupation:
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	DL Check	<input type="checkbox"/> Yes <input type="checkbox"/> No CCH <input type="checkbox"/> Yes <input type="checkbox"/> No
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		SID#:	HT_____in WT_____lbs
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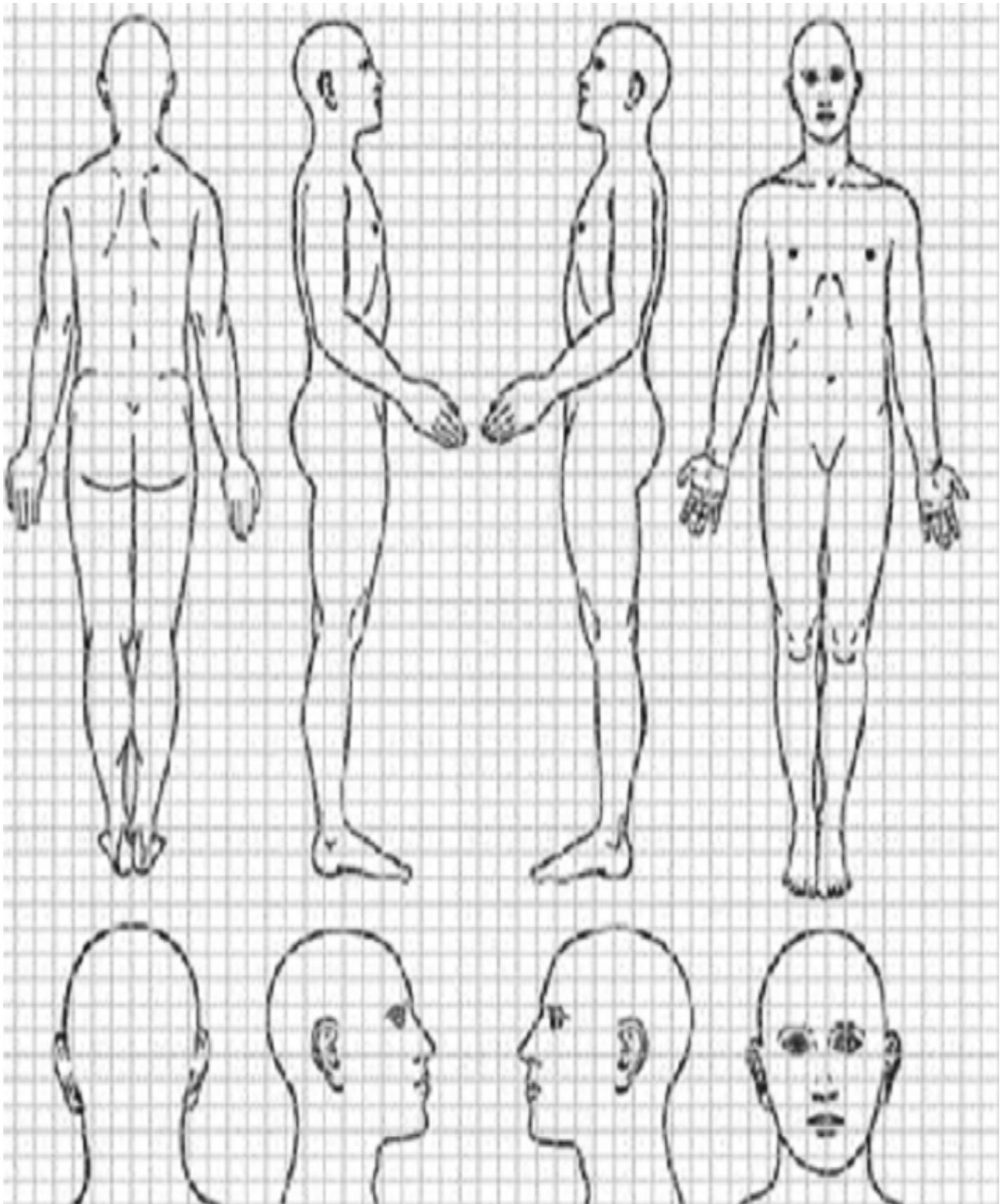


Mark injuries as follows:

Contusions/Bruising in BLUE

Blisters in RED

Burns in BLACK



## VEHICLE NOTES

Make: _____	Model: _____	Year: _____	Color: _____	VIN: _____
Lic. Plate: - _____	State: _____	Registered Owner: _____		
Owner Address : _____		City: _____	State/Zip: _____	Phone: _____

Driver:	DL State:	DL #:	Relation to Owner:
VIN:	<input type="checkbox"/> Own	<input type="checkbox"/> Rental	<input type="checkbox"/> Lease
Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Carrier:		Policy #:
Lien Holder:	Loan Balance: \$		Approx Value:
Describe Interior Damage:			
Describe Exterior Damage:			
Aftermarket Accessories:			

Fire Damaged Areas	<input type="checkbox"/> Exterior	<input type="checkbox"/> Interior	<input type="checkbox"/> Engine Compartment
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### Exterior - Body

	Burned	Distorted/Melted	Collision Damage	No Damage
Bumper and Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Bumper Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:				

### Exterior - Tires

	Burned		Unusual Tread Wear			
	Yes	No	Yes	No		
Left Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires Show signs of recent removal or exchange? No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Wheels or wheel covers indicate recent removal/exchange?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Remarks:					Indicate Areas of Forced Entry:	<input type="checkbox"/> Door(s) <input type="checkbox"/> Hood <input type="checkbox"/> Trunk <input type="checkbox"/> Glass

### Exterior - Glass

	Smoked	Cracked/Broken	Distorted/Melted	N/A
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunroof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:				

### Interior

	Yes	No	Interior Notes
After market electrical accessories	<input type="checkbox"/>	<input type="checkbox"/>	
Door(s) open during fire	<input type="checkbox"/>	<input type="checkbox"/>	
Window(s) open during fire	<input type="checkbox"/>	<input type="checkbox"/>	
Key in ignition/floor	<input type="checkbox"/>	<input type="checkbox"/>	
Have accessories been removed?	<input type="checkbox"/>	<input type="checkbox"/>	
Any unusual burn patterns?	<input type="checkbox"/>	<input type="checkbox"/>	
Any abnormal melting?	<input type="checkbox"/>	<input type="checkbox"/>	
Any unusual objects in vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Was trunk open during fire?	<input type="checkbox"/>	<input type="checkbox"/>	
Any unusual objects in trunk?	<input type="checkbox"/>	<input type="checkbox"/>	

### Engine Compartment

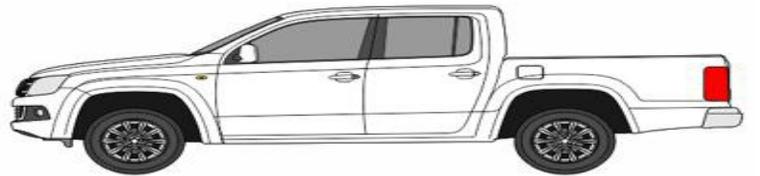
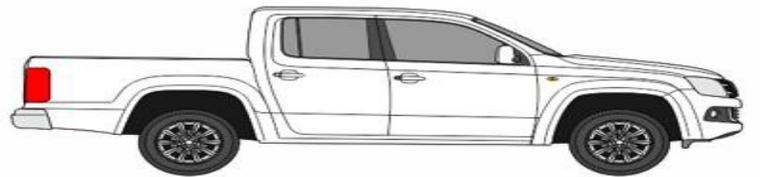
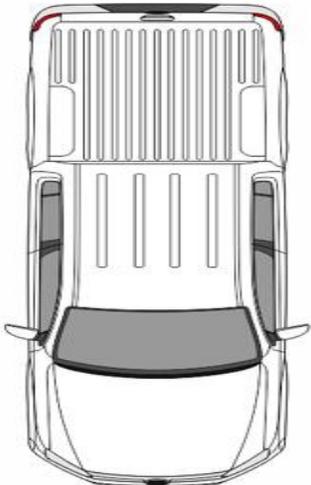
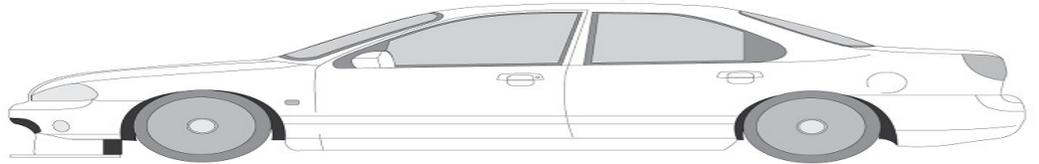
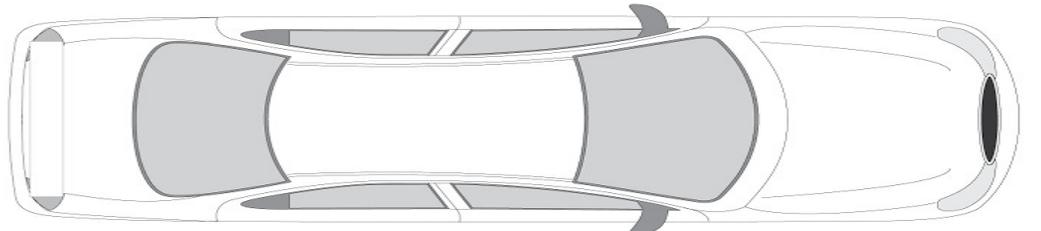
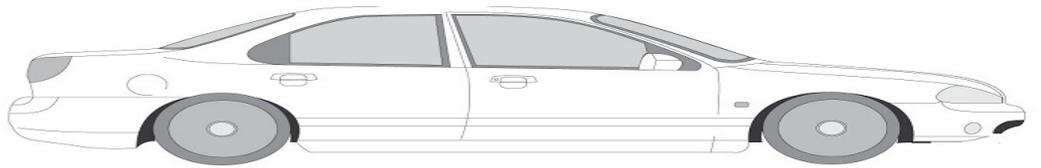
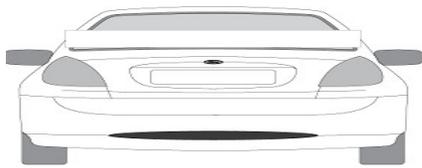
	Yes	No		Yes	No
Hood open during fire	<input type="checkbox"/>	<input type="checkbox"/>	Oil below lowest mark on dipstick	<input type="checkbox"/>	<input type="checkbox"/>
Radiator melted	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of excessive fluid leakage	<input type="checkbox"/>	<input type="checkbox"/>
Upper radiator hose burned	<input type="checkbox"/>	<input type="checkbox"/>	Unusual odor/color motor oil	<input type="checkbox"/>	<input type="checkbox"/>
Lower Radiator hose burned	<input type="checkbox"/>	<input type="checkbox"/>	Holes or cracks in transmission case	<input type="checkbox"/>	<input type="checkbox"/>
Drive belts burned	<input type="checkbox"/>	<input type="checkbox"/>	Transmission case burned/melted	<input type="checkbox"/>	<input type="checkbox"/>
Other hoses burned	<input type="checkbox"/>	<input type="checkbox"/>	Transmission has inadequate lubrication	<input type="checkbox"/>	<input type="checkbox"/>
Fan and shroud burned	<input type="checkbox"/>	<input type="checkbox"/>	Unusual odor/color transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>
Inner fenders burned	<input type="checkbox"/>	<input type="checkbox"/>	Any problems with drive-train/suspension	<input type="checkbox"/>	<input type="checkbox"/>
Heating system burned	<input type="checkbox"/>	<input type="checkbox"/>	Motor mounts burned	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					

### Electrical System

	Missing	Burned/Discolored	Brittle/Melted	Shorted/Arched
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternator/generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ignition system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuse panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-market accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:				

### Fuel and Emission System

	Missing	Burned	Distorted/Melted	N/A
Filler cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filler assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel tank assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel filter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carburetor/injectors/turbos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air intake filter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Vapor recovery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust and tail pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muffler and catalytic converter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any loose fuel connections?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any evidence of tampering?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fuel Tank		<input type="checkbox"/> Unknown	<input type="checkbox"/> Empty	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full



**PRELIMINARY/FINAL CONCLUSIONS**

*(Hypothesis creation and testing)*

Classification of Fire:     Accidental                       Incendiary                       Natural                       Undetermined

Briefly describe the origin of the fire:

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Briefly state the cause of the fire:

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State any criminal offenses to be investigated:

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Report Date: _____	Is follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Status of Case:	<input type="checkbox"/> Closed <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Open <input type="checkbox"/> Inactive
-----------------	--

Supplemental Date:	Is follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

Status of Case:	<input type="checkbox"/> Closed <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Open <input type="checkbox"/> Inactive
-----------------	--

Supplemental Date:	Is follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

Status of Case:	<input type="checkbox"/> Closed <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	---

Supplemental Date:	Is follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

Status of Case:	<input type="checkbox"/> Closed <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Open <input type="checkbox"/> Inactive
-----------------	--

Is follow-up needed on this page?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**SWORN STATEMENT**



STATE OF TEXAS

CASE NUMBER \_\_\_\_\_

COUNTY OF \_\_\_\_\_

OFFICER \_\_\_\_\_

BEFORE ME, the undersigned, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M., personally appeared \_\_\_\_\_, who after being duly sworn, upon oath deposes and states:

My name is \_\_\_\_\_; My date of birth is \_\_\_\_\_; My address is \_\_\_\_\_, DL# \_\_\_\_\_.

Multiple horizontal lines for writing the statement.

I have read the forgoing statement and it is true and correct. I gave the same upon my solemn oath, fully realizing that false swearing is a criminal offense under the laws of the State of Texas.

\_\_\_\_\_ Affiant

Witness:

SWORN TO AND SUBSCRIBED BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Page \_\_\_\_\_ of \_\_\_\_\_. \_\_\_\_\_ Officer Name/ ID#

**SWORN STATEMENT**



STATE OF TEXAS

CASE NUMBER \_\_\_\_\_

COUNTY OF \_\_\_\_\_

OFFICER \_\_\_\_\_

BEFORE ME, the undersigned, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M., personally appeared \_\_\_\_\_, who after being duly sworn, upon oath deposes and states:

My name is \_\_\_\_\_; My date of birth is \_\_\_\_\_; My address is \_\_\_\_\_, DL# \_\_\_\_\_.

Multiple horizontal lines for writing the statement.

I have read the forgoing statement and it is true and correct. I gave the same upon my solemn oath under penalty of perjury, fully realizing that false swearing is a criminal offense under the laws of the State of Texas.

\_\_\_\_\_ Affiant

Witness:

SWORN TO AND SUBSCRIBED BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Page \_\_\_\_ of \_\_\_\_\_. \_\_\_\_\_ Officer Name/ ID#

# CONSENT TO SEARCH

STATE OF TEXAS

Date/Time: \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby provide consent to \_\_\_\_\_,  
(Print Full Name) (Officer)

who is a Texas Peace Officer to search the property below and hereby authorize the above named officer(s) or others necessary to assist, to conduct a complete search of my following property:

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These officers are authorized by me to conduct a complete search of the item(s) above and seize any physical or digital evidence contained therein, including any item they believe to be relevant to the investigation of the origin and cause of the fire or the suspected criminal offense. This written permission is being given by me to the above named officer(s) voluntarily and without threats or promises of any kind and is given with my full and free consent. I further agree that I will not withdraw consent to search the item(s) listed above.

Finally, if any item(s) is seized or given voluntarily, I agree to retrieve the item, if and when available, from the above named officer(s) in a reasonable amount of time.

Contact information:

Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

\_\_\_\_\_

Signature:

\_\_\_\_\_

Witness Signature:

Witness Signature:

\_\_\_\_\_

\_\_\_\_\_