



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)

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Firefighter Witness Interview Form

Name Date of birth

Department

Rank/Title Unit number

Shift assignment and duty

Home address

City State ZIP County

Employer

Home number Cell number

Work number Other number

### Notification and Arrival Phase

1. How did you become aware of the fire?

2. What time was it?

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

4. How did you travel to the fire scene?

5. When you first arrived at the fire 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 a fire scene?

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

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

8a. If you arrived before the fire apparatus, 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 the fire department apparatus?

8c. When you first arrived, what was the status of the fire? (Check all that apply)

- No smoke showing
- Light smoke showing
- Heavy smoke showing
- Flames coming from one window or door
- Flames coming from multiple windows or doors
- Flames coming from the roof or through the walls

- Total building involvement
- Building collapsing
- Building totally collapsed and on fire

8d. Please describe your observations:

9. If you went to the fire scene in a fire department vehicle, or were on the scene before the apparatus arrived, describe the status of the fire when the fire department apparatus arrived.

Please describe your observations: (Check all that apply)

- No smoke showing
- Light smoke showing
- Heavy smoke showing
- Flames coming from one window or door
- Flames coming from multiple windows or doors
- Flames coming from the roof or through the walls
- Total building involvement
- Building collapsing
- Building totally collapsed and on fire
- Building no longer on fire

9a. What time did the apparatus arrive?

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

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Name	Rank	Department
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10. If you arrived in a fire department vehicle, what firefighting activities were in progress when you arrived?

11. How many fire apparatuses did you observe when you arrived?

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12. Where were they positioned?

**Fire Development and Extinguishment**

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

14. What personal protective equipment, including helmet, bunker gear, and SCBA did you wear at the scene?

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

**If no**, go to question 16.

15a. What was the firefighter doing at the time of the injury or death?

15b. What type of protective equipment (SCBA, bunker gear, helmet, etc.) was the firefighter wearing just before the incident?

15c. Was all the gear in place? (Collar up, SCBA face piece on, coat buttoned, gloves on, etc.?)  Yes  No

**If no**, what gear was not in place?

15d. What is the last thing you remember before the injury or fatality occurred?

16. How and when did you become aware that a firefighter was down, had been injured, or had died?

- 17. Did you hear any PASS devices sounding?  Yes  No
- Did you hear the SCBA low air warning sounders?  Yes  No
- Did you hear people calling for help?  Yes  No
- Did you hear any evacuation signals?  Yes  No

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

19. Did you hear any sounds you consider unusual at a fire?  Yes  No

Please describe what you heard.

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

Please describe.

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

22. Please describe any unusual events you saw, smelled, or heard while you were on the scene. If you remember the times of specific events that occurred, please note them.

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

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

## Departure and Post-Fire Phase

24. Why did you leave the fire scene?

25. What time was it?

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26. What was the status of the fire when you left the scene? (Check all that apply.)

- No smoke showing
- Light smoke showing
- Heavy smoke showing
- Flames coming from one window or door
- Flames coming from multiple windows or doors
- Flames coming from the roof or through the walls
- Total building involvement
- Building collapsing
- Building totally collapsed and on fire
- Building allowed to burn out without extinguishment
- Fire partially extinguished
- Fire totally extinguished

Please describe your observations

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

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

If **yes**, what?

29. Do you remember who told you and when you heard it?

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

If **yes**, who were they from and what did they say?

31. Do you have 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

Additional comments:

33. Please draw a sketch on the back of this form (if a sketch is not provided) showing your recollection of the fire scene including the area of the fire/smoke, truck, hose line, equipment, personnel locations and where you worked during the fire. 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 your assistance. Someone may contact you for additional information.

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

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

\_\_\_\_\_  
Interviewed by Agency

\_\_\_\_\_  
Date (mm/dd/yyyy) Time

Is a follow-up required?  Yes  No

\_\_\_\_\_  
Assigned to