FIRE INVESTIGATION WORKBOOK

Version 3

C	Case #:	
Lead Investigator: _		

Fire Investigation Workbook

Date Received by Inv:		Case #:		
Date/Time of Fire:		Lead Investigator	':	
Date of Investigation:		Status:		
	Classification			
□ Acciden			determined	
Fire Address:	City:	County	*	
Fatalities/Injuries:	s 🗆 No	If yes,	# and F or I:	
Weather: □ Clear □ Cloudy Hun	nidity Temp	Wind	Wind Di	rection
Assisting Investigators/K-9:				
Person Reporting/Discovering Fire (N.	AME):		Phone #:	
Address:	City:		State:	Zip:
DOB: Age:	Driver's License #:		SSN:	Sex: Race:
Property Owner/Manager (NAME):			Phone #:	_
Address:	City:		State:	Zip:
DOB:	Driver's License #:		SSN:	Sex: Race:
Insurance:	Policy#:		Agent:	
Occupant (NAME):			Phone #:	
Address:	City:		State:	Zip:
DOB: Age:	Driver's License #:		SSN:	Sex: Race:
Insurance:	Policy#:		Agent:	
	•			
Requestor/Agency:			Phone:	
Other investigating Agencies:			Phone:	
Is fire Investigation an active criminal	l investigation/prosec	ution?	□ YES	□ NO

PROPERTY DESCRIPTION

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

	□ Dwelling	□ Business	□ Unoccupied	□ Other	
Occupancy	□ Owner-Occupied	□ Tenant Occupied	Approximate Age		
	# Stories	# Rooms	# Baths	Type of Occupano	у
Approximate	Dimensions	Total Square Feet	†		
	Exterior Finish			Interior Finish	
	□ Frame	Floors	Sub Floor	Ceilings	Walls
	□ Metal/Plastic Siding	□ Carpet	□ Plywood	•	□ Sheetrock
	□ Brick Veneer	•	•	□ Plaster/Lath	□ Plaster/Lath
Building	□ Stone Veneer	□ Linoleum		Board □ Panel '	□ Panel '
Construction	□ Brick	□ Hardwood	□ Tile	□ Tile	□ Ply Panel
	□ Wood	□ Plywood	□ Slab	<u> </u>	,
	□ Manufactured Home	□ Particle Bo			
	□ Other			_	
Roofing	 □ Composition material 	□ Metal	□ Tile	□ Wood	
Construction	□ Tar and Gravel	□ Other			
Heating	□ Electric □ Natural Go Central [] Forced Air [as 🗆 Propane Gas 🗆 C	Other	Make of He	
Air	□ Electric □ Natural Go	<u> </u>		•	•
Conditioning		·			
Propane Tank	Location of Tank:	% Full:	PSI:		
Electrical Service?	☐ Yes ☐ No ☐Unknown Source: ☐ Public Utility			Is Other	_
Intrusion Alarm	□ Yes	□ No	Гуре	□ Local □	Monitored
Smoke/Fire Alarm	□ Yes	□ No	Гуре	□ Local □	Monitored
Building Sprinkler System	□ Yes	□ No	Туре	□ Local □	Monitored
Fire Extinguishers	Size: Location:_	Used:	Date of Purchase:	Inspection	Date:
Garage	□ None	□ Attached	□ Detached	Appx. Size	
Outbuildings	□ Yes	□ No	□ Damaged	□ Undamaged	
Fire	□ Paid	□ Combo	□ Volunte	eer 🗆 Unk	known
Protection	Department				

FIRE SCENE EXAMINATION

Completed During Examination	□ Diagram Date Examination B	Segan		Video	☐ Photographs ☐ Measurements Date Examination Completed ———————————————————————————————————
Direction from	nt of building faces:	□ N □	S DE	□W	GPS Cords. (if needed):/
Explain site s	afety survey:				
Explain scene	e security:				
Provide a de	scription of the overc	ıll exteric	or of the	building	(not fire damage):
Describe fire	damage to any exte	erior struc	tures/ve	hicles/ex	posures (are they logically connected?):
Describe the	exterior fire damage	e (work in	a syster	natic me	thod around exterior):
Describe the	conditions of all door	s and wi	ndows:		
Explain all sig	gns 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:
Described to the control of the cont
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?
approximation organization of the contract of

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:
*

FIRE SCENE EXAMINATION (cont.)

Describe how other causes were elimi	inated:			
Was hydrocarbon detector used?	□ Yes □ No	Was accelerant K9 used?	□ Yes	□ No
If yes, Handler's Name/Agency:				

EVIDENCE

(Include all control samples)

Item #	Description	Location Found	Time Recovered	Destination	Test Required

ROOM FIRE DATA

				Floor F	lan						Roo	m #	
Room:													
Length:													
Width:													
Height:													
Note ceili	ng height chan	ges:											
Walls		aterial				Cove	ing					ple?	
	•	aterial	+			 	ing					ple?	
Ceiling	•	aterial					ing					-	
Floor	Structure/Mo	aterial	_ Thickness _			Cove	ing				Sar	ıple?	Y/N
	penings)	Sill Height	ор	ening)			Widt		(Chang	jes D	uring	Fire?
1.													
2.													
3.													
4.													
5.													
6.													
7.													
7.													
7. Pamages													
7. amages	s (descriptions	of major fuel items	includina floor	and wa	I cove	erinas c	Iraperi	es):					
7. amages	s (descriptions	of major fuel items,	including floor	and wa	I cove	erings, c	Iraperi	es):					

ROOM FIRE DATA

				Floor I	Plan					Roc	om #	
Room:												
ength:												
Vidth:												
leight:												
lote ceilir	ng height chang	es:										
Valls		terial	+			+	ring _				nple?	
		erial	-			1	ring _				nple?	
Ceiling Floor		terial					ring _					
ioor	Structure/Mar	eriai	_ Thickness _			Covering			 Sample? Y/N			
Height (b	ottom to top	other vents) into roo	Soffit De	epth (ab			Wid	th			· Close	
Height (be		other vents) into roo Sill Height	Soffit De				Wid	th	Op Chan			
Height (be of op	ottom to top		Soffit De	epth (ab			Wid	th				
Height (be of op	ottom to top		Soffit De	epth (ab			Wid	th				
Height (be of or	ottom to top		Soffit De	epth (ab			Wid	th				
Height (be of or	ottom to top		Soffit De	epth (ab			Wid	th				
Height (be of or	ottom to top		Soffit De	epth (ab			Wid	th				
Height (b	ottom to top		Soffit De	epth (ab			Wid	th				
Height (be of or	ottom to top		Soffit De	epth (ab			Wid	th				
Height (be of or	ottom to top		Soffit De	epth (ab			Wid	th				
Height (be of or	ottom to top		Soffit De	epth (ab			Wid	th				
deight (be of or	ottom to top penings)		Soffit Do	epth (abovening)	ove	erings,						

ELECTRICAL PANEL EVALUATION

Panel Location:						
Panel Type	□ Breaker □ Other (ex		Based Fuses	□ Type S Fuses	□ Cartr	idge Fuses
Panel Brand:		Main Breaker Size:		Feeder Size:		
\A/:vina. Adaptavial	□ Copper		□ Copper (Clad Aluminum	□ Aluminum	
Wiring Material	If aluminu	m is in use, are breakers	s rated AL-CU	lś	□ Yes	□ No
Duranda of Duranhaus	1)			2)		
Brands of Breakers	3)		4	4)		
Evidence of Failure at F	Panel	□ Yes		□ No		
Evidence of Alterations bridge devices?	or attempts	to		□ No		
Other electrical panels	or sub-pane	□ Yes		□ No		
cine cicemen puners	o. ses pane	Location(s):				

Panel Legend

Left Bank Right Bank

#	Rating (Amps)	Labeled Circuit	Status	#	Rating (Amps)	Labeled Circuit	Status

IGNITION MATRIX

	Fuel-So	Fuel-Source Matrix Chart		Agency/Company:	npany:			File/Case	#			
Fuel- Source												
	4 3.2.1	+ 5 % A	+ 52 E; 4	+ 5. E. 4	4 3.2.1	4.9.2.4	4 3.2.1	4 3.2.1	+ 3.8.4	+ 2 % 4	+ 2 % 4	4 3.2.1
	4.9.2.4	+. 5; 5; 4	1.5.8.4	+ 57 € 4	+ c; c; 4	1. 2. 2. 4	4 3.2.1	4 3.2.1	1.5, E. 4	4 3.2.1	4 3.2.1	1,5,5,4
	+ % % 4	+. 51 €. 4	+ % % 4	+ 0. 6. 4	+ ci ci 4	4 3.2.1	4.3.2.1	4.9.2.4	+ % % 4	4.9.2.4	4.3.2.4	÷3.5.4
	43.2.1	+ % % 4	+ 2 % 4	+ 21 61 4	4 3.2.2	+ 3. 2. 4 4 9. 2. 4	4 3.2.1	4 3.2.4	+ % % 4	+. 5. E. A	4 3.2.1	4 3 2 4
	4 33 22 -1	4.3.2.4	+ % % 4	+ 2, 5, 4	+ 4 4 4 4	4 3 2 .1	4 3 2 .1	4 3.2.1	+ 2. e. 4	4.32.4	4 3.2.1	+ 25 E 4
	4 3.2.1.	4 3 2 .1	+ 3 K 4	+ 23 E5 4	+ 55 E A	4 3.2.1	4 3.2.1	4 3.2.1	43.2.4	4 3.2.1	1. 2. 3. 4	+ 352.±
	4 3 2 1	+ 5, 6, 4	+. 5; €; 4	+2004	१ ८५५	432.4	4 3.2.1	4.9.2.1	÷2,5,4	4.3.2.4	1. 2. 3. 4.	+ 2; 5; 4
	+ 63 E5 4	F 0, 6, 4	+ 2; 6; 4	⊢ ′८′.6.4	÷2,5;4	+ 4 6 6 4	+ 2 % ¥	1. 5; £; 4	÷ 4; 6; 4	+ 0; 6; 4	+ 25 Et 4	43.2.1
	+ 25 KF 4	+ 49 Kr 4	← なる。4	⊹ なです	÷ ८५५	+ 23 K; 4	+ 2; 6; 4	+ 51 Ki 4	÷ 4, 6, 4	+ 01 Ki 4	+ 25 K 4	+ 4 % £ 4
	4 3.2.1	+ 2 % 4	+ 6 6 4	+ 2 % 4	4.52.24	- - 2 6 4	1, 2, 3, 2, 1,	+ % % 4	+ 3.5.4 4.3.2.1	4 3.2.1	1. 2. 3. 4	43.2.2.1
	+ 0 0 4	Competent Ignition Source Y/N Proximity, Ignition close to fuel Y/N Evidence of Ignition Y/N Initial Fuel path to fuel load Y/N	tion Source Y/N ion close to fuel Ition Y/N to fuel load Y/N		Color Legend Red =Competent and Blue= Not competent Yellow= Competent	d close t but ruled out	Codes P= Plume or flashover W= Witnessed F= Open flame		N= Not energized	Origi	Original design & Courtesy of: Lou Bilancia P.E.	ourtesy of: la P.E.

SUPPRESSION

Incident Commander:		1st Unit on	Scene:			
1st Fire Fighter Interior:		1st Officer of	on scene:			
Responding Fire De	partments:	Respond	ding Law	Enforcement:	Additional F	irst Responders:
Primary:						
				- EMC		
		<u>K</u>	<u>esponding</u>) EM(3:		
Fire Suppression: [] effec		l l l not atte	mnted			
Dispatch Time:			-	Time Fire C	Controlled:	
				T		
Name of Person Interviewe	ed:			Phone #:		
Unit #:	Rank:		Departm	ent:		
Was Smoke Visible? 🗆 Y	'es □ No		Were	Flames Visible?	□ Yes	□ №
If flames visible, where?						
Was forced entry necessar	ry? □ Yes □ 1	No Why?			By Whom?	
Did fire crews attempt to a	pen doors/windov	ws before for	cing entry	? □ Yes		□ No
Where was fire concentrat	ed?		Any un	connected fires?	□ Yes	□ No
Describe:						
Were contents normal for	structure? \Box Y	es 🗆 No	Desc	ribe:		
Was any property remove	d by FD from fire?	?		□ Yes	□N	0
Describe property owner/	tenant's appearan	ce, demeanor	, actions,	and comments		
Comments and/or Op	inions of Fire Scen	ne (spread of	fire, orig	in/cause, history	of residence	. other needed facts)
		T =				
Interviewed By	Date	Time		Follow-Up Ne	eeded? 🗆 Y	es □ No

COMPLAINTANT

How Reported?	□ 911	□ Non-Emergen	cy □ Walk-U	Jp To Who	om:		
Name: (See page 1 for identify	ing information))					
Location interviewe	d:						
When did you disco	over the fire?	?					
How did you discov	er the fire?						
Why in the area?							
Relationship to fire	scene	□ Neighbor	□ Relative		riend	□ P	asser-By
Was Smoke Visible	? □ Yes	□ No	Were flan	nes visible?	□ Yes	□ N	10
Describe where you	saw fire:		·				
Describe anything u	ınusual you s	aw (vehicles, peopl	e, etc):				
Action take upon di	scovering fir	e:					
			Notes				
1.1		D. I.	T*	F.11			
Interviewed By		Date	Time	Follow-Up 1	√eeded?	□ Yes	□ No

OCCUPANT

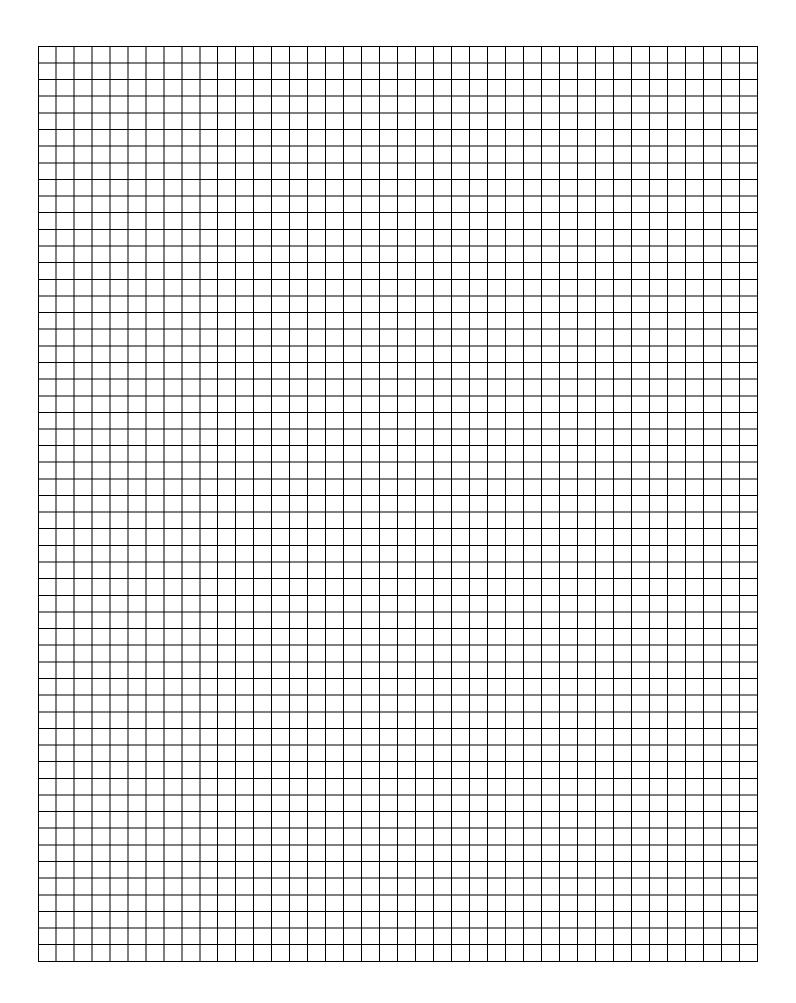
Name:		Loca	ation of intervie	w:					
STRUCTURAL US	SE					VEHICLE			
□ Residential □ Commercial	□ Unoccupi	ed	□ Owned		□ Rentc	I	□ Leased		
□ Owner Occupied □ Tennant	Occupied		Year		Make		Model		
□ Other Are Taxes Currer	ıt?								
		<u> </u>							
Age of Home/Vehicle:			Insured?	□ Yes	□ No		Lien?	□ Yes	□ No
Insurance Carrier:			Policy #:			Policy A	mount: \$		
Lien Holder:		Loc	an Balance: \$			Apprais	ed Value: \$		
Describe recent repairs, addition	ıs, or alteration	ıs:							
Describe electrical, mechanical, u	ıtility problems	recer	ntly experience	d:					
If Tenant lives/operates the prop	perty, describe	relati	ionship (rent cur	rent, e	victions,	disputes)	:		
Describe conflicts with neighbors	, co-workers, fo	amily,	etc.?						
FLAME USE					SE	RVICES II	N USE		
□ Smoking □ Candles/Incens	e 🗆 Fireplac	e	Electrical	□ Ye	s 🗆	No	Provider		
□ Illicit Drugs □ Outdoor Burning Natural Gas □ Yes □ No Provider									
□ Stove/Oven □ Heater/Spa	ce Heater		Propane	□ Ye	s [No	Provider		
Smoke Detector? □ Yes □ No # Location:_		/Smok m Sys	ce/Security tem?	□ Yes	□N	o Moni	toring Service:		
			Notes						
Occupant's Demeanor:									
Interviewed By	Date	T	ime	Fo	llow-Up	Needed	? □ Yes	□N	О

OWNER (IF TENANT OCCUPIED)

Name:		Hm. Ph	one:			C	ell Phone:		
Address:		City:				St	ate:	Zip:	
DL #:		State:		DOB:			Occupatio	n:	
Marital Status:	ed	□ Wide	owed	□ Divo	rced	C	CH: □ Ye	es	□ No
# of Residents:		Lo	ast time/	date at re	esidence:				
			1						
Insurance Carrier:			Polic	y #:			Policy A	mount: \$	
Agent or Adjuster:			Phor	e:					
Lien Holder:	Loan	Baland	ce: \$		Appraised	ΙV	alue: \$		
Describe Recent Repairs:									
Describe electrical, mechanical, utility prob	olems rec	ently e	xperienc	ed:					
If Tenant lives/operates the property, des	cribe the	relatio	onship (re	nt curren	t, evictions,	dis	outes):		
			Notes						
Interviewed By Date		Time		Fol	low-Up Nee	ede	d? □ Yes	<u> </u>	□No

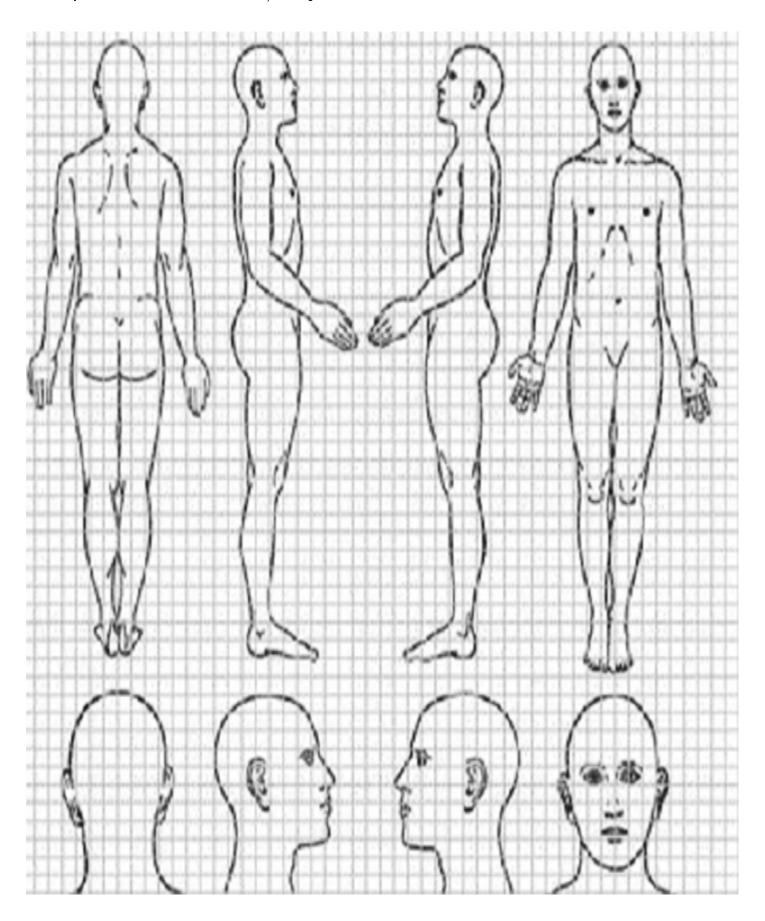
	□ SUSPECT		□ WITNESS						
Name:	Hm. Phone #:				Cell P	hone	#:	1	
Address:	City:				State:			Zip:	
DL#:	State:	DOB:		Oce	cupatio	n:			
Marital Status □ Single □ Married □ V	/idowed □ Div	orced	DL Check	□ Ye	s 🗆 l	۷o	ССН	□ Yes	□ No
INVESTIGATOR USE		SSAI	N#:			FBI#	#:		
□ Interviewed □ Miranda Warning	□ Statement	SID#	±:			HT_		_in WT	lbs
□ Confession □ Photo Obtained	□ Video	11.1.	г.			DQ1	,		
□ DNA Standard □ Audio	□ Fingerprints	Hair	Eye:	s		POI	5:		
		•							
	□ SUSPECT		□ WITNESS						
Name:	Hm. Phone #:				Cell P	hone	#:		
Address:	City:				State:			Zip:	
DL#:	State:	DOB:		Oce	cupatio	n:		•	
Marital ☐ Single ☐ Married ☐ W	/idowed □ Div	orced	DL Check	□ Ye	s 🗆 l	Vo	ССН	□ Yes	□ No
INVESTIGATOR USE		IAZZ	N#:			FBI#	#:		
□ Interviewed □ Miranda Warning	□ Statement	SID#	‡:			HT_		_in WT	lbs
□ Confession □ Photo Obtained	□ Video	11.1.	г.	_		DQ1	,		
□ DNA Standard □ Audio	□ Fingerprints	nair.	Eye:	s		POI	o:		
	□ SUSPECT				Τ				
Name:	Hm. Phone #:				Cell P	hone	#:	ı	
Address:	City:				State:			Zip:	
DL#:	State:	DOB:		Oce	cupatio	n:			
Marital Status □ Single □ Married □ V	/idowed □ Div	orced	DL Check	□ Ye	s 🗆 l	۷o	ССН	□ Yes	□ No
INVESTIGATOR USE		IAZZ	N#:			FBI#	#:		
□ Interviewed □ Miranda Warning	\square Statement	SID#	± :			HT_		_in WT	lbs
□ Confession □ Photo Obtained	\square Video	Hair	Eye:	•		POI	۹.		
□ DNA Standard □ Audio	□ Fingerprints	Tidii.	Lye	.		101	J.		

		□ SUSPECT		□ WITNESS						
Name:		Hm. Phone #:				Cell P	hone	#:		
Address:		City:				State	:		Zip:	
DL#:		State:	DOB:		Oc	cupatio	n:			
Marital Status □ Sing	gle □ Married □ W	/idowed □ Divo	orced	DL Check	□ Ye	s 🗆 l	No	ССН	□ Yes	□ No
	INVESTIGATOR USE		SSAI	N#:			FBI#	#:		
□ Interviewed	□ Miranda Warning	□ Statement	SID#	‡:			HT_		_in WT	lbs
□ Confession	□ Photo Obtained	□ Video	Ī., .	-			000			
□ DNA Standard	□ Audio	□ Fingerprints	Hair	Eye	s		PO	ь:		
		□ SUSPECT		□ WITNESS						
Name:		Hm. Phone #:				Cell P	hone	#:		
Address:		City:				State	1		Zip:	
DL#:		State:	DOB:		Oc	cupatio	n:			
Marital Status □ Sing	gle □ Married □ W	/idowed □ Divo	orced	DL Check	□ Ye	s 🗆 l	No	ССН	□ Yes	□ No
	INVESTIGATOR USE		SSAI	N#:			FBI#	#:		
□ Interviewed	□ Miranda Warning	□ Statement	SID#	‡ :			HT_		_in WT	lbs
□ Confession	□ Photo Obtained	□ Video	Ī., .	-			DO:			
□ DNA Standard	□ Audio	□ Fingerprints	Hair	Eye	s		PO	ь:		
		□ SUSPECT		□ WITNESS						
Name:		Hm. Phone #:				Cell P	hone	#:		
Address:		City:				State	:		Zip:	
DL#:		State:	DOB:		Oc	cupatio	n:			
Marital Status □ Sinç	gle □ Married □ W	/idowed □ Divo	orced	DL Check	□ Ye	s □l	No	ССН	□ Yes	□ No
	INVESTIGATOR USE		SSAI	N#:			FBI7	#:		
□ Interviewed	□ Miranda Warning	□ Statement	SID#	‡:			HT_		_in WT	lbs
□ Confession	□ Photo Obtained	□ Video	LI! :	Г			DQ.			
□ DNA Standard	□ Audio	□ Fingerprints	Hair	Eye	s		PO	D:		



INJURY/FATALITY

Last:			First	h:				MI:		OB:		Age:	
Address:			City	':				State/Z	Zip:				
Hm. Phone:		Cell:				Employer:				Occ	cupation:		
SSAN:		FBI#:				SID#				Oth	er ID#:		
Height:	Weight				Hair:		E	yes:			POB:		
Marital □ Status Single □ /	Married	□ Wid	dowe	d 🗆	Divorced	□ Separate	d	Smoker?		∃ Yes	□ No	□ Unk	(nown
Victim's Doctor:						Victim's Denti	ist:						
Clothing/Jewelry Descrip	tion:												
Scars/Marks/Tattoos:													
			T		Medical T	reatment .							
Treated at Scene 🗆 Y	es □ N	o	Ву:					Transp	orte	d To:			
					Next	of Kin							
Name:			Pho	ne:				Notifie	d Or	ւ ։			
Address:				City:				,	State	/Zip:	t		
					Fatality In	formation							
Location Victim Found:			Ву:					Positio	n of I	Body	:		
Body Removed By:				Transp	ported to:			F	Photo	grap	hed in Place	: □ Yes	; □ No
Pronounced by:						Date and tim	e pror	nounced:					
					Medical I	Examiner							
Agency:			Phys	sician:				Date:					
Autopsy Requested:	□ Yes	□ No		Autop	sy Perform	ed: □Yes	□No	Auto	opsy	Repo	ort Attached:	□Yes	□ No
					Injury/Fato	ality Notes							



VEHICLE NOTES

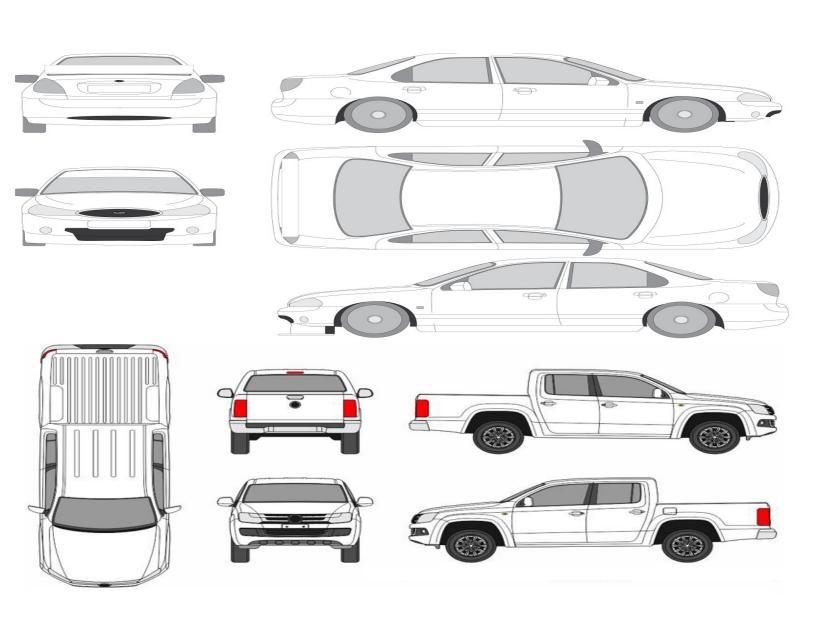
Make:	Mode	el:	Year:		Color:	VIN:	
Lic. Plate: -	State	:	Register —	red Owner:			
Owner Address :			City:	Stat	e/Zip:	Phone:	
Driver:		DL State:	1	DL #:	Relation t	to Owner:	
VIN:		□ Own	[□ Rental	□ Lease		
Insured? □ Yes □ N	0	Insurance Cari	rier:		Policy #:		
Lien Holder:		Loan Balance:	\$		Approx \	/alue:	
Describe Interior Da	mage:				<u> </u>		
Describe Exterior Do	amage:						
Aftermarket Accesso	ories:						
Fire Damaged Area	ıs	□ Exterior		□ Interior		□ Engine Co	mpartment
			Exte	erior - Body			
		Burned	Dis	storted/Melted	Collision D	amage	No Damage
Bumper and Grill							
Hood Left Front							
Right Front							
Roof				П			
Left Door(s)							
Right Door(s)							
Trunk							
Left Rear							
Right Rear							
Rear Bumper Area							
Underside							
Remarks:							
			Fyte	erior - Tires			
				1			
	Burned		read Wear	Tires Show sign	ns of recent remov	al or exchange?	□ Yes □
Υe	es N	√o Yes	No	No	5 555111 1511101	a. o. o.anango:	00 _
Left Front]						
Right Front				Wheels or whe	eel covers indicate	recent removal/e	
Left Rear							□ Yes □ No
Right Rear				Indicate A	of Fores d Fatan		
Spare Remarks:	1			□ Door(s)	of Forced Entry: □ Hood	□ Trunk	□ Glass

Exterior - Glass

	Smoked	Crack	ed/Broken	Distorted/Melted	N/A	
Windshield				Ö	_	
Left Door(s)						
Right Door(s)						
Rear						
Sunroof						
Remarks:						
		Inte	rior			
	Yes	No		Interior Notes		
After market electrical accessories						
Door(s) open during fire						
Window(s) open during fire						
Key in ignition/floor						
Have accessories been removed?						
Any unusual burn patterns?						
Any abnormal melting?						
Any unusual objects in vehicle?						
Was trunk open during fire?						
Any unusual objects in trunk?						
		Engine Co	m pa rtment			
	Ye		•		Yes	N
Hood open during fire		5 140	Oil below lo	west mark on dipstick	□ □	
Radiator melted				excessive fluid leakage		
Upper radiator hose burned				r/color motor oil		
Lower Radiator hose burned				cks in transmission case		
Drive belts burned				case burned/melted		
Other hoses burned				has inadequate lubrication		
Fan and shroud burned				r/color transmission fluid		
Inner fenders burned				ns with drive-train/suspension		Г
Heating system burned			Motor mount	•		
Remarks:	Ц	Ш				
		Electrica	System			
	Missing	Burned/D	iscolored	Brittle/Melted	Shorted/Arched	ł
Battery]			
Battery Connections]			
Battery Cables]			
Starter]			
Alternator/generator]			
Ignition system]			
Fuse panel]			
Wiring harness]			
After-market accessories]			
Remarks:						

Fuel and Emission System

	Missing	Burned	Distorted/	Melted	N/A
Filler cap					
Filler assembly					
Fuel tank assembly					
Fuel lines					
Fuel pump(s)					
Fuel filter(s)					
Carburetor/injectors/turbos					
Air intake filter(s)					
Fuel Vapor recovery system					
Exhaust and tail pipes					
Muffler and catalytic					
converter					
Any loose fuel conne	ections?	□ Yes	□N	0	
Any evidence of tam	pering?	□ Yes	□N	0	
Fuel Tank		□ Unknown □	Empty □ 1/4	□ 1/2 □ 3	/4 □ Full



PRELIMINARY/FINAL CONCLUSIONS

(Hypothesis creation and testing)

Classification of Fire:	□ Accidental	□ Incendic	ıry 🗆 Natu	ral	□ Undetermined
Briefly describe the or	gin of the fire:				
Briefly state the cause	of the fire:				
State any criminal offe	nses to be investig	jated:			
Report Date:	ls fo	llow-up required?	□ Yes		□ No
Status of Case:			Cleared by Arrest	□ Open	□ Inactive
			-	•	
Supplemental Date:			follow-up required?	□ Yes	□ No
Status of Case:	□ CI	osed [Cleared by Arrest	□ Open	□ Inactive
Supplemental Date:		Is	s follow-up required?	□ Yes	□ No
Status of Case:	□ CI	osed	Cleared by Arrest	□ Yes	□ No
Supplemental Date:		l is	s follow-up required?	□ Yes	□ No
Status of Case:		· · · · · · · · · · · · · · · · · · ·	Cleared by Arrest	□ Open	□ Inactive
			2.03.03.27 / 11031		
Is follow-up needed or	this page			□ YES	□ NO
12 TOLLOW-UP LIGEGED OF	ı ııııs pages			⊔ 1E2	⊔ NO

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 isis		
I have read the forgoing statement and it is true a	nd correct. I gave the same upon m	y 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
Pageof		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#	
I have read the forgoing statement and it is true a	nd correct. I gave the same upon m	y solemn oath under penalty of
perjury, fully realizing that false swearing is a crim		
	A 550 .	
Witness:		
SWORN TO AND SUBSCRIBED BEFORE ME, this	day of	, 20
Pageof		Officer Name/ ID#

CONSENT TO SEARCH

STATE OF TEXAS	Date/Time:
COUNTY OF	
who is a Texas Peace Officer to sec	, hereby provide consent to, (Officer) arch the property below and hereby authorize the above named officer(s) or others applete search of my following property:
evidence contained therein, including the fire or the suspected criminal off voluntarily and without threats or pr not withdraw consent to search the in	e to conduct a complete search of the item(s) above and seize any physical or digital g any item they believe to be relevant to the investigation of the origin and cause of fense. This written permission is being given by me to the above named officer(s) romises of any kind and is given with my full and free consent. I further agree that I will item(s) listed above.
named officer(s) in a reasonable an	
Contact information:	
Name:	Address:
Phone:	
Signature:	
Witness Signature:	Witness Signature: