



State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF131 | 0923

Firefighter Witness Interview Form for Medical Incidents

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 Alternate number

Notification and Arrival Phase

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

a) What time was it?

2) Where were you when you first became aware of the call?

3) How did you travel to the scene?

4) When you first arrived at the scene, what did you observe?

5) What time did you arrive? _____

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

7) Did you arrive prior to the arrival of fire / EMS? Yes No

- **If yes**, go to question 8a.
- **If no**, go to question 9.

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

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

c) When you first arrived, what was the status of the incident? Please describe your observations.

d) Number of victims _____

e) Number of patients _____

f) Patient(s) Condition

g) Scene conditions

h) Other responder's actions

i) Weather conditions

j) Building or room condition

k) Road Conditions

l) Lighting (ambient and/or scene)

8) If you went to the scene in a fire / EMS vehicle, describe the status of the incident when you arrived. Please describe your observations:

a) Number of victims _____

b) Number of patients _____

c) Patient(s) Condition

d) Scene conditions

e) Other responder's actions

f) Weather conditions

g) Building or room condition

h) Road Conditions

i) Lighting (ambient and / or scene)

j) Barriers, guardrails etc.

k) Fire apparatus placement

l) Other emergency vehicle placement

m) Traffic control devices

n) What time did you arrive? _____

o) When you arrived at the scene, who did you report to?

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

10) What medical care was given by responders?

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

12) Where was victim(s) transported?

13) Did FD personnel ride in or drive ambulance?

Yes No

If **yes**, who was it?

Name

Rank

Department

Incident Details

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

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

16) Were you working in the area the fatality or injury occurred?

Yes No

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

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

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

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

d) Did this impede medical care?

Yes No

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

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

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 scene?

Yes No

If yes, please describe what you heard.

20) Were you involved in any rescue attempts involving any firefighters that had become injured?

Yes No

If yes, please describe.

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

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

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

22) 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

23) Why did you leave the scene?

24) What time did you leave the scene? _____

25) What was the status of the incident when you left the scene? Please describe your observations.

a) Scene conditions

b) Other responder's actions

c) Weather conditions

d) Building or room condition

e) Road Conditions

f) Lighting (ambient and / or scene)

g) Number of victims _____

h) Number of patients _____

i) Barriers, guardrails etc.

j) Fire apparatus placement

k) Other emergency vehicle placement

l) Traffic control devices

26) After you left the scene, where did you go and what did you do?

27) Has any other information come to you regarding the incident after you left the scene?

Yes No

If yes, what?

28) Do you remember who told you and when you heard it?

Yes No

If yes, who and when?

29) Did you receive any notifications via social media?

Yes No

If no, go to question 31.

a) What did they say?

b) Who were they from?

30) Do you take any photographs before or after the incident?

Yes No

If yes, please provide a copy to the investigator.

31) Are there any other statements you want to make?

Yes No

Additional comments: _____

32) 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 the State Fire Marshal's Office Fire Investigations at (512) 676-6780 or contact your local police department, sheriff's office, or fire department.

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