



State Fire Marshal's Office

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

SF132 | 0923

Firefighter Witness Interview Form for Traffic Scene

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 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 fire scene?

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

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

If no, go to question 9.

a) If you arrived before the fire apparatus, who did you report to?

Name

Rank

Department

b) What did you do before the arrival of the fire department apparatus?

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) Weather conditions

h) Road conditions

i) Lighting (ambient and / or scene)

j) Number of vehicles involved

k) Barriers, guardrails, etc.

l) Fire apparatus placement

m) Other emergency vehicle placement

n) Traffic control devices

8. 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 incident when the fire department apparatus arrived. Please describe your observations.

a) Number of victims _____

b) Number of patients _____

c) Patient(s) condition

d) Weather conditions

e) Road conditions

f) Lighting (ambient and / or scene)

g) Number of vehicles involved

h) Barriers, guardrails, etc.

i) Fire apparatus placement

j) Other emergency vehicle placement

k) Traffic control devices

l) What time did the apparatus arrive? _____

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

Name	Rank	Department
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9. If you arrived in a fire department vehicle, what fire/rescue activities were in progress when you arrived?

10. How many fire apparatuses did you observe when you arrived? _____

11. Where were they positioned?

Incident Details

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

13. What personal protective equipment, including helmet, bunker gear, traffic vest, head held devices, lights, etc., did you wear at the scene?

14. Were you working in the area that the fatality or injury occurred?

Yes No

If no, go to question 16.

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

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

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

c) Was all the gear in place and functional / visible?

Yes No

If no, what gear was not in place?

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

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

16. Did you hear any PASS devices sounding? Yes No

Did you hear any MAYDAYS? Yes No

Did you hear radio traffic for help? Yes No

Did you hear any people calling for help? Yes No

17. Did you hear any radio traffic involving the death or injury?

Yes No

18. Did you hear any sounds you consider unusual at a scene?

Yes No

Please describe what you heard.

19. Were you involved in any rescue attempts involving any firefighters who had become injured?

Yes No

Please describe.

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

21. 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.

22. 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

23. Why did you leave the fire scene?

24. What time was it? _____

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

a) Number of victims _____

b) Number of patients _____

c) Patient(s) condition

d) Weather conditions

e) Road conditions

f) Lighting (ambient and/or scene)

g) Number of vehicles involved _____

h) Barriers, guardrails, etc.

i) Fire apparatus placement

j) Other emergency vehicle placement

k) 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?

29. Did you receive any notifications via social media?

Yes No

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

30. Do you have 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 the apparatus placement, hose lines, equipment, other vehicles, victims, personnel locations, and where you worked during the incident. If you moved to a different location(s), 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 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 _____