

**TOWNSHIP FIRE DEPT.**  
**Fire/Arson Investigation Unit**

**Incident Report Form**

Incident No.: \_\_\_\_\_

Address of Incident: \_\_\_\_\_ Date of Incident \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Station: \_\_\_\_\_ Shift: \_\_\_\_\_

Assignment: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

If you answer "Yes" to any of the questions listed below, provide details on the back side of this form. When describing locations, a sketch is most helpful. *Attach additional sheets if necessary.*

	Yes	No	Exterior Observations
A1			Was smoke showing when you arrived?
A2			Was fire showing when you arrived?
A3			Did you see any suspicious persons/activity?
A4			Did you see any persons or vehicles leaving the area as you arrived?
A5			Did obstacles seem to be placed so as to slow building access, entry or system hook up?
A6			Did you notice any footprints, containers, or other evidence outside of the building?
	Yes	No	Building Entry
B1			Were any exterior doors ajar or unlocked when you arrived?
B2			Were any windows open or broken when you arrived?
B3			Did you enter with a key? If "Yes", who provided the key for your use?
B4			Did you use any forcible entry?
B5			Did you see anyone else enter with a key or use forcible entry?
	Yes	No	Interior Information
C1			Did you smell any unusual odors?
C2			Did obstacles seem to be placed in your way?
C3			Did you observe unusual flame colors?
C4			Did you notice any unusual smoke colors?
C5			Did you see separate and unrelated fires?
C6			Did you shut off circuit breakers or remove fuses?
C77			Did you shut off the natural gas supply to the building or any appliance?
C8			Did you unplug, shut off or move any appliances in the room of fire origin?
C9			Did you move any items such as furniture in the room of fire origin?
C10			Did you see anyone perform any of the operations described in C6-C9?
	Yes	No	Fire Alarm Information
D1			Was the fire alarm sounding when you arrived?
D2			Could you hear a smoke detector sounding (in the unit where the fire occurred)?
D3			Did you silence the fire alarm system, or any smoke detectors?
D4			Did you see anyone silence the fire alarm system, or any smoke detectors?

A3	Gender:	Age:	Race:	Height:	Weight:	Glasses:	Facial Hair:
	Build:	Hair Style:		Clothing (Color/type):			
A4	Year	Make:	Model:	Color:			
	LIC#	State:	Direction of travel:				

Signature of person completing this form: \_\_\_\_\_

Date

Time: