



MABAS Division 4 Fire Investigation

FORM 1: CASE SUPERVISION



Incident Date:

Case Number:

Incident Location:

Incident Town:

Fire Department Jurisdiction:

Fire Department Contact:

Police Jurisdiction:

Police Contact:

This form will assist in keeping track of the progress of the investigation. Not every form and appendix will be applicable to every investigation. Not every field will be applicable for every form that is used.

Form #	Description	Complete	Date		Investigator
Form 1	Case Supervision	☐ Complete	Date:	☐ N/A	
Form 2	Investigators	☐ Complete	Date:	☐ N/A	
Form 3	Property Information	☐ Complete	Date:	☐ N/A	
Form 4	Key Contacts	☐ Complete	Date:	☐ N/A	
Form 5	Utilities/Weather	☐ Complete	Date:	☐ N/A	
Form 6	Doors & Windows	☐ Complete	Date:	☐ N/A	
Form 7	Photo Log	☐ Complete	Date:	☐ N/A	
Form 8	Electrical Panel	☐ Complete	Date:	☐ N/A	
Form 9	Sketch	☐ Complete	Date:	☐ N/A	
Form 10	Witness Statement	☐ Complete	Date:	☐ N/A	
Form 11	Fire Investigation Summary	☐ Complete	Date:	☐ N/A	
Form 12	Signature Page	☐ Complete	Date:	☐ N/A	
Appendix	Appendix	Appendix	Appendix		
Appendix A	Investigation Notes	☐ Complete	Date:	☐ N/A	
Appendix B	Additional Occupants	☐ Complete	Date:	☐ N/A	
Appendix C	Insurance	☐ Complete	Date:	☐ N/A	
Appendix D	Entry Log	☐ Complete	Date:	☐ N/A	
Appendix E	Injury/Casualty	☐ Complete	Date:	☐ N/A	
Appendix F	Wildland Fire	☐ Complete	Date:	☐ N/A	
Appendix G	Evidence	☐ Complete	Date:	☐ N/A	

[illegible]



MABAS Division 4 Fire Investigation



FORM 2: INVESTIGATORS

Lead Investigator	Photos	Video
Sketch	Interviews	
Investigator Other		

INVESTIGATION INITIATION

Request Date	
Request Time	
Request By	

OTHER AGENCIES INVOLVED

	Department	Incident #	Contact	Phone #
Primary Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Law Enforcement				
Insurance Company				
Private Investigator				

Additional Notes:

SCENE INFORMATION

Arrival Information	Date: _____ Time: _____ Comments: _____
Scene Secured	Yes ☐ No ☐ Securing Agency _____ Manner of Security _____
Authority to Enter	Contemporaneous to exigency Yes ☐ No ☐ Consent: Written ☐ Verbal ☐ Warrant: Administrative ☐ Criminal ☐ Other ☐



MABAS Division 4 Fire Investigation



FORM 3: PROPERTY INFORMATION

Location Address	
Property Description	☐ Structure ☐ Residential ☐ Commercial ☐ Vehicle ☐ Wildland ☐ Other
Other Relevant Information:	

Residential ☐ Yes ☐ No	Single Family ☐ Yes ☐ No	Multiple Family ☐ Yes ☐ No	Commercial ☐ Yes ☐ No	Governmental ☐ Yes ☐ No
Church ☐ Yes ☐ No	School ☐ Yes ☐ No	Other		
Estimated Age	Height (stories)	Length	Width	

PROPERTY STATUS

Occupied at time of fire? ☐ Yes ☐ No	Unoccupied at time of fire? ☐ Yes ☐ No	Vacant at time of fire? ☐ Yes ☐ No
---	---	---

BUILDING CONSTRUCTION

Foundation Type	☐ Basement ☐ Crawl Space ☐ Slab ☐ Other
Material	☐ Masonry ☐ Concrete ☐ Stone ☐ Other
Exterior Covering	☐ Wood ☐ Brick/Stone ☐ Vinyl ☐ Asphalt ☐ Metal ☐ Concrete
Roof	☐ Asphalt ☐ Wood ☐ Tile ☐ Metal ☐ Other
Construction Type	☐ Wood Frame ☐ Balloon ☐ Heavy Timber ☐ Ordinary ☐ Fire Resistant ☐ Non-Combustible ☐ Other

ALARM-PROTECTION-SECURITY

Sprinklers ☐ Yes ☐ No	Stand Pipes ☐ Yes ☐ No	Security Cameras ☐ Yes ☐ No
Smoke Detectors ☐ Yes ☐ No	Hard Wired ☐ Yes ☐ No	Battery ☐ Yes ☐ No
Batteries in place? ☐ Yes ☐ No	Locations:	
Hidden Keys ☐ Yes ☒ No	Security bars on windows ☐ Yes ☒ No	Security bars on doors ☐ Yes ☒ No
Where were the hidden keys?		



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FORM 4: KEY CONTACTS *FIRE REPORTED BY*

Name:	Date of Birth:
Address:	
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

FIRE DISCOVERED BY

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

PROPERTY OWNER

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

PROPERTY OCCUPANT

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

FIRE DEPARTMENT OBSERVATIONS

Name of first on scene	Department
General observations	
Obstacles to extinguishment? ☐ Yes ☐ No Remarks:	First in report attached? ☐ Yes ☐ No



MABAS Division 4 Fire Investigation

FORM 4: KEY CONTACTS

First in Report





MABAS Division 4 Fire Investigation



FORM 5: UTILITIES/WEATHER

Electric	☐ Yes ☐ No Electric service provided to scene at the time of the fire? ☐ Yes ☐ No Electric meter at scene? ☐ Yes ☐ No Fire damage at meter? Electric meter number _____ Electric service provider _____ Location of meter _____ Type of service feed ☐ Overhead ☐ Underground
Gas/Fuel	<u>Natural Gas Service:</u> ☐ Yes ☐ No Natural gas at scene? ☐ Yes ☐ No Natural gas provided to scene at time of fire? ☐ Yes ☐ No Fire damage at gas meter? ☐ Yes ☐ No Fire damage to gas line riser? Gas meter number _____ Gas service provider _____ Gas meter location _____ Gas meter riser location _____ <u>LP Gas Service:</u> ☐ Yes ☐ No LP gas tank at scene? ☐ Yes ☐ No LP gas provided to scene at time of fire? ☐ Yes ☐ No Fire damage to LP gas tank? ☐ Yes ☐ No Fire damage to LP gas line riser? Percent of product in tank _____ Date of Tank _____ Tank location _____ Location of LP gas riser _____

WEATHER CONDITIONS

Indicate Relevant Weather Information	Visibility	Rel Humidity	Lightning	Elevation
	Temperature	Wind Direction	Wind Speed	Precipitation



MABAS Division 4 Fire Investigation



FORM 6: DOORS AND WINDOWS

Doors	Locked	Unlocked but closed	Open	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Windows	Secured	Unlocked	Open	Broken
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Comments



MABAS Division 4 Fire Investigation



FORM 7: PHOTO LOG

[illegible]

Photo log page ____ of ____



MABAS Division 4 Fire Investigation



Incident Date:

FORM 8: ELECTRICAL PANELCase Number:

Panel Location	Main Size	
		Fuses:
		Circuit Breakers

#	Rating Amps	Labeled Circuit	Status	#	Rating Amps	Labeled Circuit	Status
1				2			
3				4			
5				6			
7				8			
9				10			
11				12			
13				14			
15				16			
17				18			
19				20			
21				22			
23				24			
25				26			
27				28			
29				30			
31				32			
33				34			
35				36			
37				38			
39				40			
41				42			

Notes:



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

FORM 9: SKETCH

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

Not to scale

By: _____

Department: _____



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

FORM 10: WITNESS STATEMENT

Name		Address		Home Phone		Cell Phone	
Race	Sex	Age	Date of Birth	SS Number	Drivers Lic #		
Employer		Address			Phone		
Relationship to scene			Can be contacted at				
Statement taken by			Location, date, & time of statement				



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

FORM 10: WITNESS STATEMENT



MABAS Division 4 Fire Investigation



FORM 11: FIRE INVESTIGATION SUMMARY

Exterior Examination:

Interior Examination:

Fire Spread:

Origin (fire patterns, fire dynamics, excavation/reconstruction):

Fire Cause (identification of those factors necessary for the fire to occur. First fuel, ignition source, ignition sequence):



Incident Date:

MABAS Division 4 Fire Investigation

FORM 12: SIGNATURE PAGE



Case Number:

Investigator Signature: _____

Reviewed by: _____



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

APPENDIX A: INVESTIGATION NOTES



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

APPENDIX B: ADDITIONAL OCCUPANTS

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

APPENDIX C: INSURANCE INFORMATION

Company

Name:	Address:	Phone
Policy Number:	Effective Date:	Expiration Date
Name:	Address:	Phone
Policy Number	Effective Date:	Expiration Date

COVERAGE

Owner, rental, home, auto

☐ Structure ☐ Vehicle ☐ Contents ☐ Personal Property ☐ Business Interruption ☐ Loss Earnings ☐ Living Expenses							
Status ☐ New ☐ Renewal		Name of Insured		Address of Insured			
Previous insurance Carrier		Address		Phone No.			
Structure \$		Vehicle \$		Contents \$		Other \$	
Previous losses, cancellations:							

Insurance Agent

Name	Address	Phone
1.		
2.		



MABAS Division 4 Fire Investigation



Incident Date:

APPENDIX E: INJURY/CASUALTY

Case Number:

Patient's Description

Name:	DOB:	Sex/Race
Address		Phone
Other Identifiers		
Description of clothing or jewelry		
Occupation	Place of employment	
Marital status		
Victim's Doctor	Victim's Dentist	
Smoker ☐ Yes ☐ No ☐ Unknown		

Casualty Treatment

Treated at Scene ☐ Yes ☐ No	Treated By
Transported to:	Remarks

Severity of Injury

☐ Minor ☐ Moderate ☐ Severe ☐ Death
Describe Injury

Next of Kin

Name:	Address:	Phone:
Relationship:	Notified On:	By:

Fatality Information

Where was victim found:	
Who Located the body:	
Body position when found:	
Victim's appearance:	
Body removed by:	To:
Photographed in place: ☐ Yes ☐ No	
Significant blood present under/near victim: ☐ Yes ☐ No	



MABAS Division 4 Fire Investigation

APPENDIX E: INJURY CASUALTY



Incident Date:

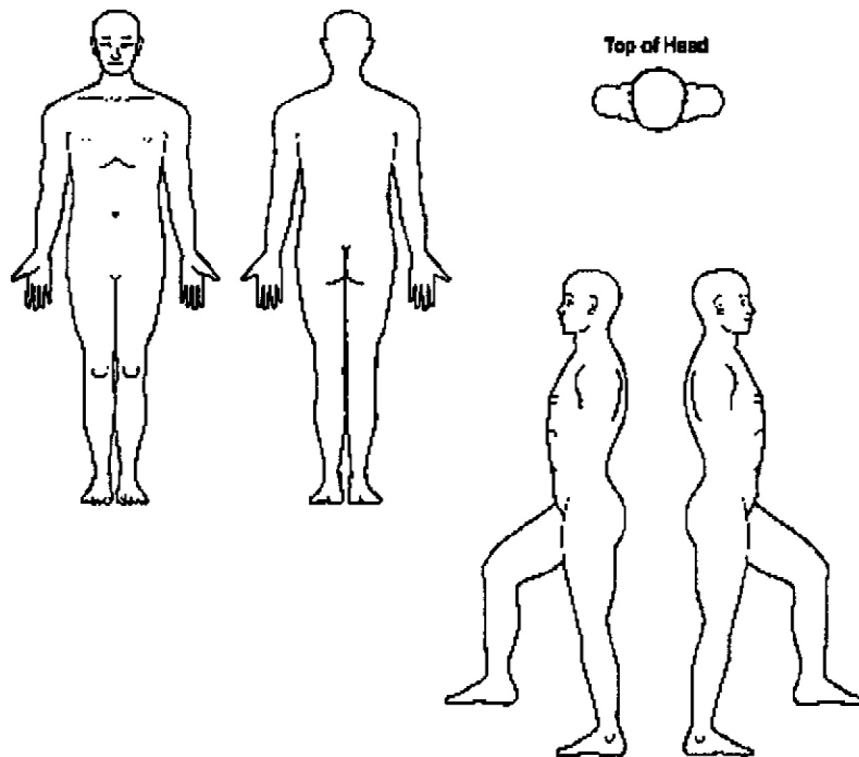
Case Number:

Remarks:

Body Diagram

Indicate parts of body injured

☐ None ☐ Blisters (red marks) ☐ Burns (black marks)





MABAS Division 4 Fire Investigation



Incident Date:

APPENDIX F: WILDLAND FIRE Case Number:

Property Description:

Fire Damage

☐ Less than one acres	# of acres	Other properties involved
Security ☐ Open ☐ Fenced	Comments	

Fire Spread Factors

Type Fire ☐ Ground ☐ Crown	Factors ☐ Wind ☐ Terrain
--	--

Remarks:

Area of Origin:

People in Area

At time of fire ☐ Yes ☐ No ☐ Unknown	Comments
---	----------

Ignition Source

Heat of ignition			
Material ignited			
Ignition factor			
If equip involved	Make	Model	Serial #

Remarks



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

APPENDIX G: EVIDENCE

Storage Location

Item#	Description	Location	
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released

Date Received

Date Stored

How was evidence received?

☐ Removed from scene by investigator

☐ Received by investigator From

Name, Company or Department

Received via: ☐ UPS ☐ Fedex ☐ Airborne ☐ US mail ☐ In Person

☐ Freight company (name of company)

☐ Other (describe)

Received By

Case Investigator

LOCATION EVIDENCE REMOVED

Owner:

Company:

Address:

City, State, Zip:

Phone:



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

APPENDIX H: VEHICLE INFORMATION

Insured:
Address:
City, State, Zip:
Phone #:
Loss Location:
Stolen? ☐ Yes ☐ No
Recovered by:

Date of Inspection:
Inspection Location:
Fire Report:
Police Report:
Number of Keys:
Alarm Type:
Location:

VEHICLE INFORMATION

Make:	Model:	Year:
VIN:	Odometer:	

EXTERIOR

Tires	Tire Type	Wheel Type	Tread Depth	Lugs	Missing
Left Front					
Left Rear					
Right Front					
Right Rear					
Spare					

DOORS

Doors	Glass Y/N	Window Up/Down	Locked?	Open	Prior Damage
Left Front					
Left Rear					
Right Front					
Right Rear					

BODY PANEL

Body	Construction	Condition	Prior Damage
Front Bumper			
Grill			
LF Fender			
Rear Bumper			
LR Quarter			
RR Quarter			
RF Fender			
Hood			
Roof			
Trunk			



MABAS Division 4 Fire Investigation



Incident Date:

APPENDIX H: VEHICLE INFORMATION

Case Number:

UNDER HOOD

	Intact	Missing	Parts Missing	Condition
Engine				
Battery				
Belts & Hoses				
Wiring				
Accessories				

FLUIDS

OIL				
Transmission				
Power Steering				
Brake				
Clutch				
Radiator				

INTERIOR

	Intact	Missing	Parts Missing	Condition
Dash Pod				
Glove Box				
Steering Column				
Ignition				
Front Seat				
Rear Seat				
Rear Deck				
Stereo				
Speakers				
Accessories				

FLOOR

	Intact	Missing	Parts Missing	Condition
LF				
LR				
RL				
RF				



MABAS Division 4 Fire Investigation



Incident Date:

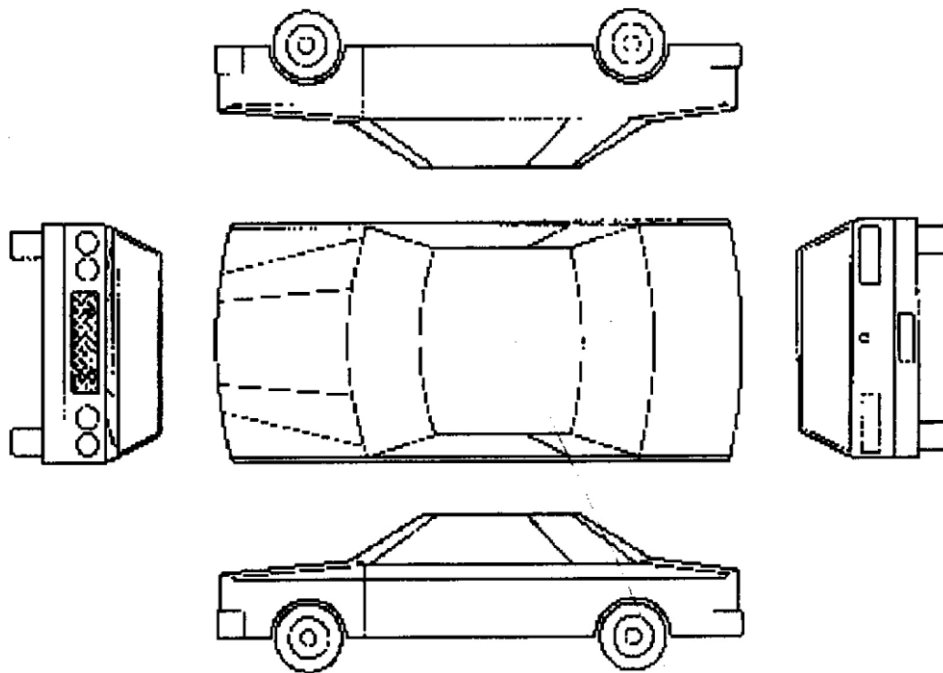
Case Number:

APPENDIX H: VEHICLE INFORMATION

Personal Effects in the interior:

Truck or cargo area:

Aftermarket items not previously described:





MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

APPENDIX H: VEHICLE INFORMATION V.I.N. CHECK DIGIT FORM

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
A																	
B																	
C	8	7	6	5	4	3	2	10	0	9	8	7	6	5	4	3	2
D																	

= _____
FINAL SUM

On line "A", enter the 17 Digit VIN.

On line "B", enter the "Assigned value" of each character of the VIN, utilizing table "B" shown below.

11 | _____

* Multiply the numbers in line "B" with the numbers in line "C", for each of the 17 digits in the VIN. Record the product of each of these separate computations in the appropriate boxes in line "D".

* Add together all of the numbers recorded in line "D" and enter the final sum in the space provided.

* Divide the final sum by the number "11". The remainder of this division is the "Check Digit", (the 9th character of the 17 digit VIN). If the remainder of the division is a single digit number then it should match the "check digit" in the VIN exactly, if the remainder number is "10" then the "check digit" is the letter "X".

TABLE "B"

A-1	M-4	Z-9	Assign to each number in the VIN its actual value and record that value in the appropriate box in line "B".
B-2	N-5	1-1	
C-3	P-7	2-2	
D-4	R-9	3-3	
E-5	S-2	4-4	The letters of "I", "O" and "Q" are never used in the new 17 digit VIN's.
F-6	T-3	5-5	
G-7	U-4	6-6	
H-8	V-5	7-7	
J-1	W-6	8-8	
K-2	X-7	9-9	
L-3	Y-8	0-0	

To determine the year of the manufacture from the 17 digit VIN (character of #10 of the VIN) use the below listed table.

1980-A	1981-B	1982-C	1983-D	1984-E	1985-F	1986-G
1987-H	1988-J	1989-K	1990-L	1991-M	1992-N	1993-P
1994-R	1995-S	1996-T	1997-V	1998-W	1999-X	2000-Y
2001-1	2002-2	2003-3	2004-4	2005-5	2006-6	2007-7

The decoding chart, shown above, may be photocopied to provide multiple blank work sheets for computing the check digits of the new 17 digit VIN's.



MABAS Division 4 Fire Investigation



Incident Date: _____

Case Number: _____

APPENDIX I: VOLUNTARY STATEMENT

Date: _____ Time: _____ Taken At: _____

I, _____, am _____ years of age and my address is:

Street Number Street Name City State Zip

I have been duly warned by _____ of the
_____ that I do not have to make any statement,
that I am entitled to a lawyer before giving a statement and that I do not have to incriminate myself in
any manner. Without promise of hope or reward, without fear or threat of physical harm, and waiving my
Rights to have a lawyer present,
I freely volunteer the following statement to the above named officer, knowing this statement may be
used against me in a trial or trials concerning the offense mentioned in this statement.

Signature

Date

I have read this statement consisting of _____ page(s) and the facts contained therein are
true and correct. This statement was completed on _____.

Signature of Person Giving Voluntary Statement

Witness: _____

Date: _____

Witness: _____

Date: _____



Incident Date:

MABAS Division 4 Fire Investigation

APPENDIX I: VOLUNTARY STATEMENT

Continuation Sheet



Case Number:



MABAS Division 4 Fire Investigation



Incident Date:

APPENDIX J: CONSENT TO SEARCH

Case Number:

I, _____, have been requested to consent to a search
(name)

of my property located at: _____

(full description and exact address of property)

This fire scene examination will be conducted in order to determine the origin, cause and circumstances surrounding a fire and/or explosion, which occurred, on this property on _____ day of _____, _____ at approximately _____ hours.

I am the lawful owner / occupant / agent of this property. I have been advised of my constitutional rights to refuse any further entry into the property. And while the investigation is in progress, I may withdraw my consent at any time prior to the conclusion of the fire and/or explosion examination and to require that a search warrant be obtained prior to any further examination.

I have been further advised that if I do consent to this examination, any evidence found as a result of such examination can be seized and used in a court of appropriate jurisdiction, and authorize the _____, Police Department having jurisdiction, or any other agency associated with the investigation, to conduct a complete fire and/or explosion examination of the described property including but not limited to the primary building, garage(s), shed(s), attic(s), or any container(s) on the premises. This consent also will include the examination of any vehicle(s) or part of the vehicle(s) that I own, including the trunk, engine compartment, glove compartment or any containers located therein on the premises. Further permission is granted to remove from this property any documents, papers, objects or materials deemed pertinent to the investigation of this fire and/or explosion.

(Name)

(Date)

(Investigator)

(Witness)

Start Time of Examination: _____

Date: _____

Ending Time of Examination: _____

Date: _____



MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

APPENDIX K: PHOTO LAYOUT

A full-page sheet of white graph paper featuring a uniform grid of thin black horizontal and vertical lines. The grid consists of small squares covering the entire area of the page.

Not to scale

By: _____

Department: _____



MABAS DIVISIONS 4 & 5
SPECIALIZED RESPONSE TEAMS
FIRE INVESTIGATION REPORT

MABAS DIVISIONS 4 & 5 SRT F.I. AIR SAMPLING LOG

Incident #: _____

Location: _____

Sampling completed by another agency: _____

SAMPLE/GAS	TIME & READING	TIME & READING	TIME & READING	TIME & READING
TIMES →				
LEL				
% Lower Explosive Limit				
O2				
% Oxygen				
CO				
PPM Carbon Monoxide				
H2S				
PPM Hydrogen Sulfate				
SO2				
PPM Sulfur Dioxide				
HCN				
PPM Hydrogen Cyanide				

ALERT RANGES		
	LOW	HIGH
LEL	10%	20%
O2	19.5%	23.5%
CO	35 ppm	70 ppm
H2S	10 ppm	20 ppm
SO2	2 ppm	4 ppm
HCN	5 ppm	10 ppm

Site Safety Survey



Fire Investigation Team

20 W. North Street
Hainesville, IL 60030

DATE:	
INCIDENT NUMBER:	
LEAD INVESTIGATOR:	
ASSISTING INVESTIGATOR AND SURVEY PREP:	
ASSISTING INVESTIGATOR:	

Investigation guides, such as NFPA 921, states that a thorough site safety survey is crucial for ensuring the safety of investigators and the integrity of the investigation. This survey involves assessing potential hazards, determining necessary safety measures, and using appropriate personal protective equipment. This survey analysis identifies the hazards observed by investigators and the recommended precautions that were put into place to conduct the investigation.

1. Exterior Examination/Walk-Around

Alpha Division (Direction):

Bravo Division (Direction):

Charlie Division (Direction)

Delta Division (Direction):

2. Internal Assessment

3. Atmospheric Monitoring

4. Incident Command

5. Identifying Hazards to the FI Team

Utilities and Electrical Hazards:

Standing Water:

Hazardous Materials:

Potential Explosives:

Respiratory Hazards:

Bystanders:

6. Safety Plan Implementation

Given the above evaluation, a safety meeting was conducted on the scene with all members of the FI Team. All hazards were identified, and as a result the following safety procedures were put into place;

Gear for Interior Assessment:

- The use of structural firefighting turnout gear, Tyvek suites, or similar are to be worn for the interior assessment.
- Steel toe/Shank Boots were required
- Puncture proof/waterproof gloves, or the use of Nitrile-like PPE to be worn under the aforementioned gloves, are required.
- Eye protection
- Approved hardhat or structural firefighting helmet

Respiratory Protection:

- SCBA required for the first two hours, post fire event. This resulted in an SCBA being worn for the initial assessment.
- P100 or likened full respiratory protection shall be worn throughout interior operations once the air values are cleared and the SCBA will be deemed to no longer be required.

7. Decontamination

Site Safety Survey Prepared by: (Signature)	
--	--



MABAS DIVISIONS 4 & 5 SPECIALIZED RESPONSE TEAMS FIRE INVESTIGATION REPORT

MABAS DIVISIONS 4 & 5 SRT F.I. CALL OUT ACCOUNTABILITY

Date: _____ Incident #: _____ Alarm Time: _____

Location: _____

Box Alarm: _____ F.I.-4 SINGLE-FAMILY MULTI-FAMILY TARGET

FI-4 Operator: _____ FROM: _____

F.I. Safety/Logistics Branch: _____

LEAD INVESTIGATOR / REPORT WRITER: _____

Get dispatch ticket & NFIRS from host department

Response Log: _____ Have all investigators sign sign-in log

Air Monitoring: _____ Please complete air sampling with meter(s) and complete Log

SCENE SECURED: _____ Scene or entrance way secured by "Do Not Cross" or "Fire Line" tape

OFSM: At Scene: 1. _____ 2. _____

Entry & Log: At Scene: 1. _____ 2. _____

Sketch: At Scene: 1. _____ 2. _____

Interviews: At Scene: 1. _____ 2. _____

Remotely: 1. _____ 2. _____

Hospital: 1. _____ 2. _____

Photographs: At Scene: 1. _____ 2. _____

Uploaded to USB drive _____ Remotely: 1. _____ 2. _____

Evidence: At Scene: 1. _____ 2. _____

Remotely: 1. _____ 2. _____

Additional: ☐ Equipment to another location for photographs or inventory: _____

Police: At Scene: 1. _____ 2. _____

Remotely: 1. _____ 2. _____

Additional Investigators:

Dig out or assisted

1.		2.		3.	
4.		5.		6.	
7.		8.		9.	

Other: _____