

NFPA 906M

Fire Incident

Field Notes

1988 Edition



NOTICE

All questions or other communications relating to this document should be sent only to NFPA Headquarters, addressed to the attention of the Committee responsible for the document.

For information on the procedures for requesting Technical Committees to issue Formal Interpretations, proposing Tentative Interim Amendments, proposing amendments for Committee consideration, and appeals on matters relating to the content of the document, write to the Secretary, Standards Council, National Fire Protection Association, Batterymarch Park, Quincy, MA 02269.

A statement, written or oral, that is not processed in accordance with Section 16 of the Regulations Governing Committee Projects shall not be considered the official position of NFPA or any of its Committees and shall not be considered to be, nor be relied upon as, a Formal Interpretation.

Users of this document should consult applicable Federal, State and local laws and regulations. NFPA does not, by the publication of this document, intend to urge action which is not in compliance with applicable laws and this document may not be construed as doing so.

Policy Adopted by NFPA Board of Directors on December 3, 1982

The Board of Directors reaffirms that the National Fire Protection Association recognizes that the toxicity of the products of combustion is an important factor in the loss of life from fire. NFPA has dealt with that subject in its technical committee documents for many years.

There is a concern that the growing use of synthetic materials may produce more or additional toxic products of combustion in a fire environment. The Board has, therefore, asked all NFPA technical committees to review the documents for which they are responsible to be sure that the documents respond to this current concern. To assist the committees in meeting this request, the Board has appointed an advisory committee to provide specific guidance to the technical committees on questions relating to assessing the hazards of the products of combustion.

Licensing Provision

This document is copyrighted by the National Fire Protection Association (NFPA). The terms and conditions set forth below do not extend to the index to this document. If public authorities and others reference this document in laws, ordinances, regulations and administrative orders or similar instruments, it should be with the understanding that this document is informative in nature and does not contain mandatory requirements. Any deletions, additions, and changes desired by the adopting authority must be noted separately. Those using this method ("adoption by reference") are requested to notify the NFPA (Attention: Secretary, Standards Council) in writing of such use.

The term "adoption by reference" means the citing of the title and publishing information only.

(For further explanation, see the Policy Concerning the Adoption, Printing and Publication of NFPA Documents which is available upon request from the NFPA.)

Statement on NFPA Procedures

This material has been developed under the published procedures of the National Fire Protection Association, which are designed to assure the appointment of technically competent Committees having balanced representation. While these procedures assure the highest degree of care, neither the National Fire Protection Association, its members, nor those participating in its activities accepts any liability resulting from compliance or noncompliance with the provisions given herein, for any restrictions imposed on materials or processes, or for the completeness of the text.

NFPA has no power or authority to police or enforce compliance with the contents of this document and any certification of products stating compliance with requirements of this document is made at the peril of the certifier

**INSIDE,
THE PROFESSIONAL
RESEARCH,
REVIEW,
OPINION,
DISCUSSION
AND REVISION
YOU
ORDERED FROM
NFPA**



NATIONAL FIRE PROTECTION ASSOCIATION

© 1988 NFPA, All Rights Reserved

NFPA 906M
Guide for
Fire Incident Field Notes
1988 Edition

This edition of NFPA 906M, *Guide for Fire Incident Field Notes*, was prepared by the Technical Committee on Fire Reporting and acted on by the National Fire Protection Association, Inc. at its Annual Meeting held May 16-18, 1988, in Los Angeles, California. It was issued by the Standards Council on June 8, 1988, with an effective date of June 28, 1988.

The 1988 edition of this document has been approved by the American National Standards Institute.

Origin and Development of NFPA 906M

This guide was developed to provide persons investigating fires, whether as the company officer, incident commander, fire department or fire marshal investigative specialist, or private investigator with a tool for taking notes in an organized manner while collecting data about the incident. Through a more organized collection of data in the field, a more complete incident report and/or investigative report can be produced which will ultimately lead to better data to solve the fire problem. It was not the intent of the committee that these forms by themselves be an investigative or fire incident report.

Technical Committee on Fire Reporting

Dal L. Howard, *Chairman*
Los Angeles City Fire Dept., CA

George J. Oldroyd, *Vice Chairman*
Fairfield Fire Dept., CT
Rep. NFPA FSS

Clifford S. Harvey, *Secretary*
Boulder Fire Dept., CO

J. D. Arterberry, Northridge Hospital
Steven C. Bailey, Nat'l Fire Information Council
Ross K. Boelling, Development Planning &
Research Assoc. Inc.
David S. Collins, Nat'l Forest Products Assn.
Frank E. Florence, Salt Lake City Fire Dept., UT
Myron Franks, Michigan State Fire Marshals
Office
Rep. IAAI
Beatrice Harwood, US Consumer Product Safety
Commission
Bruce M. Hunt, Orange County Fire Dept., CA

Durward Jackson, California State University,
Los Angeles
Richard P. Kuchnicki, Council of American Bldg
Officials
John Ottoson, US Fire Administration
J. Benjamin Roy, Jr., Office of State Fire Marshal
Rep. FMANA
Philip S. Schaenman, TriData Corp.
Kenneth J. Schwartz, Rolf Jensen & Assoc.
Ralph E. Sellars, Jr., Factory Mutual Engineer-
ing Corp
Rexford Wilson, FIREPRO Inc.

Alternates

R. Michael Caldwell, Nat'l Forest Products Assn.
(Alternate to D. S. Collins)
Larry E. Julian, Michigan State Fire Marshals
Office
(Alternate to M. Franks)

Carl Peterson, NFPA Staff Liaison

Jack A. Parks, Los Angeles City Fire Dept., CA
(Alternate to D. L. Howard)

This list represents the membership at the time the Committee was balloted on the text of this edition. Since that time, changes in the membership may have occurred.

NOTE: Membership on a Committee shall not in and of itself constitute an endorsement of the Association or any document developed by the Committee on which the member serves.

Contents

Introduction	906M- 4
General	906M- 4
Forms	
Case Supervision	906M- 5
All Fires	906M- 7
Structure Fires	906M- 9
Motor Vehicles	906M-14
Wildland Fires	906M-16
Casualties	906M-18
Witness Statement	906M-20
Evidence	906M-22
Photographs	906M-24
Sketches	906M-26
Insurance Information	906M-28
Records/Documents	906M-30

NFPA 906M
Guide for
Fire Incident Field Notes
1988 Edition

Introduction

The proper recording of information about an incident is one of the most effective tools available to a fire investigator. To assist in this endeavor, the NFPA Fire Reporting Committee established a subcommittee to develop this manual. Using information and input from a variety of sources, the Committee has developed a series of forms to be used locally in the documentation of the incident by those conducting the investigations.

This manual has been developed to provide those investigating a fire with a basic system for collecting data and information in a consistent manner. These forms are not designed or intended to be a complete report, but rather to serve as input for developing a final investigative report. They also are not intended to provide all known incident information. This manual does not cover the interpretation and use of the data.

All local units of government and private industry involved in fire investigation are encouraged to utilize these forms in the way best suited for their situation. Supplemental local forms should be used as needed.

General

Scope. The scope of this manual is to guide investigators in collecting and recording preliminary information needed for the preparation of a formal incident report.

Purpose. This manual explains a series of suggested forms that can be used during a fire investigation to record field notes. The forms serve as a reminder of the type of information that may be helpful in understanding the fire.

Application.

The guidelines for using these forms are only suggestions, as each particular agency should utilize the forms in the way that best suits their needs. The forms are simple to complete, with large areas for comments that can be developed as the investigation continues.

The forms shown in this manual are designed to collect descriptive observations rather than definitive conclusions.

Not all forms will be used at all incidents. However, several forms could be used on any specific fire, depending on the magnitude of the investigation or the type of incident.

This manual contains instructions for the completion of the fire incident field note forms. The forms allow the person conducting the investigation to collect the information in a consistent manner so it can then be studied to reach a conclusion regarding a particular incident. The forms are designed to be handwritten. The data is to be utilized to complete the final investigative report. The case supervision form should be used to keep a track of the progress of the investigation.

Preparation of Reports.

These forms and the information recorded on them are not designed to constitute the incident report. They provide data helpful in reaching conclusions as to what happened so the incident report or the investigation report can be prepared. If an incident report has already been filed, part of the process of using this data should be to verify the original incident report and update that report as necessary so the most accurate information is contained in the incident report and any data bases that contain that incident information.

Forms.

There are twelve forms described in this manual. These forms and their applications are:

906M-0 Case Supervision	— Used on all investigations to track the progress of the investigation.
906M-1 All Fires	— Used on all fire investigations to collect identification and contact information.
906M-2 Structure Fires	— Used when the fire involves a structure. There are three pages to this form.
906M-3 Motor Vehicles	— Used when the fire involves any type of motor vehicle.
906M-4 Wildland Fires	— Used when fire involves grass, brush, and wildland areas.
906M-5 Casualties	— Used to collect information on people injured or killed in the incident.
906M-6 Witness Statement	— Used one sheet per witness to identify the witness and record the statement.
906M-7 Evidence	— Used to record recovered evidence and where it is removed to.
906M-8 Photographs	— Used to log description of all photographs taken.
906M-9 Sketches	— Used to sketch the scene or specific locations within the scene.
906M-10 Insurance Information	— Used to record information on insurance coverage, adjustment, and loss.
906M-11 Records/Documents	— Used to record information on incident, property, and business or personnel records that are available.

FILE NUMBER

"FIELD NOTES" FORMS

FIELD NOTES FORM					
ALL FIRES	M-1	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
STRUCTURES	M-2	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
VEHICLES	M-3	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
WILDLAND	M-4	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
CASUALTIES	M-5	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
WITNESS	M-6	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
EVIDENCE	M-7	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
PHOTOGRAPHS	M-8	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
SKETCHES	M-9	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
INSURANCE	M-10	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS
REC./DOCUMENT	M-11	<input type="checkbox"/> COMPLETE	_____ DATE _____	<input type="checkbox"/> N/A	REMARKS

INCIDENT AND CASUALTY REPORTS UPDATED ☐ YES _____ ☐ NO ☐ NOT NECESSARY
DATE

[illegible]

Case Supervision (Form M-0).

The case supervision form shown on the previous page is designed to be the cover sheet for the package of sheets that will result as the information after a fire is recorded.

This cover sheet will assist in keeping track of the progress of the investigation. Indicate what has been done or needs to be done, assignments, dates, etc., in the remarks section. The lower portion can be used to record routine checks or rechecks and other information pertinent to the investigation.

The department or agency conducting the investigation as well as the file number assigned to the investigation should be recorded on the upper right corner of each sheet or form used.

The section entitled "Field Notes" should be used to

indicate which forms are being used and, therefore, should be part of the final package. If a particular form is not applicable (N/A) to the fire being investigated, check the N/A box so that other investigators or supervisors realize that the form is purposely not present, rather than potentially lost. For example, the Vehicles Form (M-3) and the Wildland Form (M-4) would not be applicable to a structure fire.

Use the back side of the form or additional sheets of paper to record additional activities and dates.

The date/activity spaces are to record various aspects of the investigation as it continues. As shown in the example below, the evidence was taken to the lab on May 27, 1987, and the lab results are recorded in the activity section. Each investigator should utilize this space for any notes that may be pertinent to the investigation.

CASE SUPERVISION FIELD NOTES 906M-0	AGENCY State Police	FILE NUMBER 1234-88
--	-------------------------------	-------------------------------

This "cover" sheet will assist in keeping track of the progress of the investigation. Indicate what has been done, what needs to be done, assignments, dates, etc. in the "Remarks" sections. The lower portion should be used to record routine checks or rechecks and other information pertinent to the investigation.

"FIELD NOTES" FORMS

ALL FIRES	M-1	<input checked="" type="checkbox"/> COMPLETE	5/26/87 DATE	<input type="checkbox"/> N/A	REMARKS
STRUCTURES	M-2	<input checked="" type="checkbox"/> COMPLETE	5/26/87 DATE	<input type="checkbox"/> N/A	REMARKS
VEHICLES	M-3	<input type="checkbox"/> COMPLETE	DATE	<input checked="" type="checkbox"/> N/A	REMARKS
WILDLAND	M-4	<input type="checkbox"/> COMPLETE	DATE	<input checked="" type="checkbox"/> N/A	REMARKS
CASUALTIES	M-5	<input type="checkbox"/> COMPLETE	DATE	<input checked="" type="checkbox"/> N/A	REMARKS
WITNESS	M-6	<input checked="" type="checkbox"/> COMPLETE	5/25/87 DATE	<input type="checkbox"/> N/A	REMARKS
EVIDENCE	M-7	<input checked="" type="checkbox"/> COMPLETE	6/10/87 DATE	<input type="checkbox"/> N/A	REMARKS
PHOTOGRAPHS	M-8	<input checked="" type="checkbox"/> COMPLETE	5/27/87 DATE	<input type="checkbox"/> N/A	REMARKS
SKETCHES	M-9	<input checked="" type="checkbox"/> COMPLETE	5/25/87 DATE	<input type="checkbox"/> N/A	REMARKS
INSURANCE	M-10	<input checked="" type="checkbox"/> COMPLETE	6/15/87 DATE	<input type="checkbox"/> N/A	REMARKS 6/10 LFTJ to follow up
REC./DOCUMENT	M-11	<input checked="" type="checkbox"/> COMPLETE	5/27/87 DATE	<input type="checkbox"/> N/A	REMARKS

INCIDENT AND CASUALTY REPORTS UPDATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT NECESSARY	6/15/87 DATE
--	-----------------

DATE	ACTIVITY	BY
5/27/87	Evidence to lab LFTJ	
6/2/87	Lab results back. No flammable liquid present. LFTJ	
6/15/87	Insurance co. paying claim CEP	
6/25/87	Evidence destroyed per policy. LFTJ	

ALL FIRES
FIELD NOTES 906M-1

AGENCY

FILE NUMBER

INCIDENT

ADDRESS/LOCATION		DAY	DATE	TIME	FIRE DEPT. INCIDENT NO.	
WEATHER AT TIME OF FIRE	GENERAL CONDITIONS			TEMP.	WIND DIR.	WIND SPEED
PROPERTY DESCRIPTION	STRUCTURE (M-2) <input type="checkbox"/>	VEHICLE (M-3) <input type="checkbox"/>	WILDLAND (M-4) <input type="checkbox"/>		OTHER <input type="checkbox"/>	

OWNER/OCCUPANT

OWNER'S NAME		PHONE NO.
OWNER'S ADDRESS		
OCCUPANT'S NAME		PHONE NO.
OCCUPANT'S ADDRESS		
DOING BUSINESS AS		PHONE NO.

NOTIFICATION FOR INVESTIGATION

DAY	DATE	TIME	FROM WHOM	
RECEIVED BY			ASSIGNED TO	
ARRIVED AT SCENE	DAY	DATE	TIME	SCENE SECURED <input type="checkbox"/> NO (COMMENT ON CONDITION) <input type="checkbox"/> YES BY WHOM:
AUTHORITY TO ENTER	EMERGENCY	CONSENT <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN		WARRANT <input type="checkbox"/> ADMIN. <input type="checkbox"/> CRIM.
DEPARTED SCENE	DAY	DATE	TIME	OTHER (Describe)
COMMENTS				

OTHER AGENCIES INVOLVED

FIRE DEPT.	INCIDENT NO.	CONTACT PERSON	PHONE NO.
POLICE DEPT.	FILE NO.	CONTACT PERSON	PHONE NO.
OTHER	CASE NO.	CONTACT PERSON	PHONE NO.

ESTIMATED TOTAL LOSS

\$	ESTIMATED BY
----	--------------

REMARKS

All Fires (Form M-1).

The "All Fires" form shown on the previous page is divided into six sections. As with all forms used, the agency name and file number should be entered at the upper right corner.

The first section identifies the incident. This includes the address where the incident occurred or the general location; the day, date, and time of the incident; and any fire department incident number. The weather should be a general description, with the temperature, wind direction, and wind speed as exact as possible. The property description should show whether the incident is primarily a structure, vehicle, wildland, or other fire. The appropriate form should also be attached.

INCIDENT	
ADDRESS/LOCATION 6478 Smithton Dr Anytown	DAY DATE TIME Sat 5/24/87 1143
WEATHER AT TIME OF FIRE Clear, Cold	FIRE DEPT INCIDENT NO 206
PROPERTY DESCRIPTION STRUCTURE (M-2) <input checked="" type="checkbox"/> VEHICLE (M-3) <input type="checkbox"/> WILDLAND (M-4) <input type="checkbox"/> OTHER <input type="checkbox"/>	WIND DIR WIND SPEED N.W. 5

The second section is for recording the owner and the occupant. List the owner's name, telephone number, and address. If the occupant's name and address are different, list those as well. For a business, the name of the business and its telephone number should be recorded on the line "Doing Business As."

OWNER/OCCUPANT	
OWNER'S NAME John Ayres	PHONE NO 639-4728
OWNER'S ADDRESS 6478 Smithton Dr Anytown, NV 49702	
OCCUPANT'S NAME Same	PHONE NO
OCCUPANT'S ADDRESS	
DOING BUSINESS AS N/A	PHONE NO

The third section is to identify how the investigative agency was notified and when and to whom the case is assigned. All the information relates to when the investigator was notified. In the example, on Saturday, May 24, 1987, at 1430 hours, Chief Jones contacted Rogers, who assigned the case to Fahey. The form then shows the arrival time of the investigator at the scene, whether the scene was secured or not, and, in this scenario, the fact

it was found in the same condition as it was left by the fire department. The authority to enter was written.

The date and time when the investigator departed the scene is also recorded.

NOTIFICATION FOR INVESTIGATION			
DAY SAT	DATE 5/24/87	TIME 1430	FROM WHOM Chief W. Jones
RECEIVED BY Rogers	ASSIGNED TO Fahey		
ARRIVED AT SCENE Mon 5/24/87 0910	SCENE SECURED <input checked="" type="checkbox"/> YES BY WHOM Fahey	NO (COMMENT ON CONDITION) Same as left by FD	
AUTHORITY TO ENTER <input checked="" type="checkbox"/> VERBAL <input checked="" type="checkbox"/> WRITTEN	WARRANT <input type="checkbox"/> ADMIN <input type="checkbox"/> CRIM	OTHER (Describe)	
DEPARTED SCENE Mon 5/24/87 1500	COMMENTS		

The fourth section identifies other agencies that were contacted as part of the investigation. In this case, Chief Jones of the Clio Fire Department and Patrolman Smith of the Vienna Police Department were involved.

OTHER AGENCIES INVOLVED			
FIRE DEPT CLIO	INCIDENT NO 206	CONTACT PERSON Chief W. Jones	PHONE NO 687-2347
POLICE DEPT Vienna	FILE NO 87-916	CONTACT PERSON Patman Smith	PHONE NO 732-1111
OTHER	CASE NO	CONTACT PERSON	PHONE NO

The fifth section provides a space to estimate the total loss and who made the estimate. Additional information on the loss can be recorded in the remarks section. Also note that the insurance information form (906-M-10) has space for recording information on the insurance loss paid.

ESTIMATED TOTAL LOSS	
\$ 35,000	ESTIMATED BY Chief Jones

The final section of the "All Fires" form is the remarks section. This section can be used as necessary to record any additional details the user feels relevant to the investigation.

REMARKS
Property was turned over to John Ayres, owner, at 1500 hrs, 5/24/87. John Ayres gave permission to Fahey to enter property to conduct investigation.

STRUCTURE FIRES

FIELD NOTES 906M-2a

AGENCY

FILE NUMBER

TYPE & STATUS

PROPERTY USE

STATUS (OCCUPIED, UNOCCUPIED, VACANT)

COMMENTS

AREA DESCRIPTION

☐ RURAL ☐ FARM ☐ URBAN ☐ SUBURBAN ☐ OTHER _____

☐ ZONED ☐ UNZONED ☐ IMPROVING ☐ DECLINING ☐ STABLE ☐ OTHER _____

CONSTRUCTION

FOUNDATION

☐ SLAB ☐ CRAWL SPACE ☐ BASEMENT(S) ☐ OTHER _____

DIMENSIONS

_____ FT. LENGTH _____ FT. WIDTH _____ FT. HEIGHT _____ STORIES _____ NO. UNITS

TYPE OF
CONSTRUCTION

EXTERIOR WALLS

INTERIOR WALLS

FLOORS

ROOF

SECURITY (Time of Fire)

DOORS

☐ SECURE ☐ NOT SECURE PER: _____

WINDOWS

☐ SECURE ☐ NOT SECURE PER: _____

OTHER

☐ SECURE ☐ NOT SECURE PER: _____

COMMENTS ON SECURITY

ALARM/PROTECTION SYST.

ALARMS

☐ YES ☐ NO

TYPE ALARM

ALARM COMPANY

CONTACT PERSON

PHONE NO.

COMMENTS

PROTECTION SYSTEMS

☐ YES ☐ NO ☐ OPERATED ☐ DID NOT OPERATE

COMMENTS

DESCRIPTION OF SYSTEM(S)

UTILITIES (Time of Fire)

UTILITY	ON	OFF	UTILITY COMPANY NAME	CONTACT	PHONE NO.
ELECTRIC	<input type="checkbox"/>	<input type="checkbox"/>			
GAS	<input type="checkbox"/>	<input type="checkbox"/>			
WATER	<input type="checkbox"/>	<input type="checkbox"/>			
PHONE	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER	<input type="checkbox"/>	<input type="checkbox"/>			

STRUCTURE FIRES

FIELD NOTES 906M-2b

AGENCY

FILE NUMBER

EXTERIOR OBSERV.

INTERIOR OBSERV.

HEATING SYSTEM

TYPE	LOCATION
COMMENTS	

ELECTRICAL SERVICE

<input type="checkbox"/> FUSES <input type="checkbox"/> BREAKERS	ENTRY LOCATION	SERVICE PANEL LOCATION
COMMENTS		

OTHER HEATING EQUIP.

TYPE(s)	LOCATION
COMMENTS	

STRUCTURE CONTENTS

COMMENTS

AREA OF ORIGIN

COMMENTS

STRUCTURE FIRES
FIELD NOTES 906M-2c

AGENCY

FILE NUMBER

IGNITION SEQUENCE

HEAT SOURCE

MATERIAL IGNITED

IGNITION FACTOR

IF EQUIPMENT INVOLVED

MAKE

MODEL

SERIAL NO.

COMMENTS

FIRE SPREAD

MATERIALS

AVENUES

COMMENTS

SMOKE SPREAD

MATERIALS

AVENUES

COMMENTS

REMARKS

Structure Fires (Form M-2a, M-2b, and M-2c).

There are three sheets that comprise the form used when the incident under investigation is a structure fire. These three sheets (shown on the three previous pages) are divided into 17 sections, each of which is described below. Be sure the agency name and file number are recorded at the upper right corner of each of the three sheets.

The first section deals with the type or use of the property and its status. In the example, the structure is an occupied single family, residential building. Occupied, for purposes of fire reporting, means that it is being used regularly, even if there were not people present at the time of the fire. If the property is not occupied, record whether it is under construction or renovation, idle, or abandoned.

TYPE & STATUS	
PROPERTY USE Single Family Dwelling	COMMENTS owner not at home at time of fire
STATUS (OCCUPIED, UNOCCUPIED, VACANT) Occupied	

The second section provides a general area description. As many boxes as appropriate can be checked.

The example below shows that the fire occurred in a zoned, stable suburban area.

AREA DESCRIPTION	
<input type="checkbox"/> RURAL <input type="checkbox"/> FARM <input type="checkbox"/> URBAN <input checked="" type="checkbox"/> SUBURBAN <input type="checkbox"/> OTHER	
<input checked="" type="checkbox"/> ZONED <input type="checkbox"/> UNZONED <input type="checkbox"/> IMPROVING <input type="checkbox"/> DECLINING <input checked="" type="checkbox"/> STABLE <input type="checkbox"/> OTHER	

The third section describes the construction of the structure. In the example shown below, the structure was a 50 ft x 32 ft, one-story used as one unit. The structure had a basement, and was of wood frame construction with drywall interior walls, plywood floors, and a shingled roof.

CONSTRUCTION	
FOUNDATION <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL SPACE <input checked="" type="checkbox"/> BASEMENT(S) <input type="checkbox"/> OTHER	
DIMENSIONS 50 FT LENGTH 32 FT WIDTH 1 FT HEIGHT 1 STORES 1 NO UNITS	
TYPE OF CONSTRUCTION EXTERIOR WALLS Wood frame INTERIOR WALLS Drywall FLOORS Plywood ROOF Comp shingle	

The next section records the security of the structure as found by the fire department upon its arrival. In the example below, the doors and the windows were secure according to Assistant Chief White. The rear door was forced by the fire department upon arrival at the scene.

SECURITY (Time of Fire)	
DOORS <input checked="" type="checkbox"/> SECURE <input type="checkbox"/> NOT SECURE PER Asst Chief White	
WINDOWS <input checked="" type="checkbox"/> SECURE <input type="checkbox"/> NOT SECURE PER Asst. Chief White	
OTHER <input type="checkbox"/> SECURE <input type="checkbox"/> NOT SECURE PER	
COMMENTS ON SECURITY Ladder company forced rear door on arrival	

The section on alarm/protection systems is for recording data on any alarm system or fire suppression or detection system in the structure. The alarm system can be for fire, burglary, or motion. The operation of any system should be investigated and recorded.

The example below shows a sprinkler system tied into an alarm company.

ALARM/PROTECTION SYST.	
ALARMS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Wired system to ABC Alarm Co	
ALARM COMPANY ABC Alarm	CONTACT PERSON Joe Hillberg
PHONE NO 746-4286	
COMMENTS Alarm received at 11:47 hrs	
PROTECTION SYSTEMS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OPERATED <input type="checkbox"/> DID NOT OPERATE	COMMENTS 5 sprinklers opened
DESCRIPTION OF SYSTEM(S) wet pipe system throughout property	

The utilities section allows the investigator to list whether the utilities were on or off at the time of the fire. It also shows the companies involved, if they were contacted, and who was contacted.

UTILITIES (Time of Fire)			
ELECTRIC	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	UTILITY COMPANY NAME Consumers G&E	CONTACT PHONE NO
GAS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	UTILITY COMPANY NAME Consumers G&E	CONTACT PHONE NO
WATER	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	UTILITY COMPANY NAME Anytown Water Co.	CONTACT PHONE NO
PHONE	<input type="checkbox"/> ON <input type="checkbox"/> OFF	UTILITY COMPANY NAME	CONTACT PHONE NO
OTHER	<input type="checkbox"/> ON <input type="checkbox"/> OFF	UTILITY COMPANY NAME	CONTACT PHONE NO

In the section on exterior observation, the investigator should note his observations of significant facts about the exterior of the structure or the fire area. Observations reported by others can also be entered here.

In the example below, the fire department observed fire through the southwest corner of the roof upon their arrival and the fire investigator noted charring behind the electrical service entrance.

EXTERIOR OBSERV.
Sw corner of roof damaged by fire. Fire had burned through on arrival of F.D. Some char damage to wall in area of service entrance.

In the section on interior observation, the investigator should note his observations of significant facts about the interior of the structure or the fire area. Observations by others can be entered here also.

In the example below, the investigator found major damage centered in the utility room in the southwest corner of the building. Piles of burned clothing were found behind the clothes dryer.

INTERIOR OBSERV.
Major damage in Utility Room on south side. Heavy smoke throughout building.

The section titled "Heating System" is designed to record observations about the principal heating system for the structure. For example, the heating system is gas fired forced hot air and is located in the basement. There is no fire damage in the basement.

HEATING SYSTEM	
TYPE Gas - Forced Hot Air	LOCATION Basement
COMMENTS No Damage in Basement	

The next section discusses the electrical service. The investigator can record where the service enters the structure, the location of the service panel, and any observations about the electrical service and its relationship to the fire.

As an example, the electrical service consisted of a circuit breaker box in the southwest corner of the utility room and there was a 20 amp breaker that had tripped during the fire.

ELECTRICAL SERVICE	
ENTRY LOCATION Sw. Corner	SERVICE PANEL LOCATION Utility Room
COMMENTS Main disconnect found off - F.D. turned off. 20 Amp breaker tripped - feeds utility room.	

If there was any auxiliary heating systems or equipment in the fire area that may have been involved in any way, their type, location, and any observations about their possible involvement should be recorded in the "Other Heating Equipment" section.

In the example below, an electric space heater was found plugged in in the utility room and it was severely damaged.

OTHER HEATING EQUIP.	
TYPE(S)	LOCATION
Electric Space Heater	Utility Room floor
COMMENTS Plugged in and severely damaged.	

Observations about the contents of a structure are often helpful in understanding the fire. The next section allows the investigator to record anything unusual about the contents of the structure. If there are no unusual observations, the investigator should so indicate.

STRUCTURE CONTENTS	
COMMENTS	
Normal to occupancy - Appeared to be in order.	

The next section is for recording either the area of origin or observations that could be helpful in determining the area of origin.

AREA OF ORIGIN	
COMMENTS	
Utility room at floor level near electric space heater	

The section on ignition sequence may not be able to be completed until some time late in the investigation. The reasons for investigations vary and in some, the ignition sequence may be immediately known, but in others, factors such as fire spread or reasons for casualties may be the thrust of the investigation.

The ignition sequence should identify a heat source, a material ignited, and what could have brought the two together to allow the fire to start. The heat source often involves a piece of equipment. If so, the equipment should be identified as well as how it contributed to the heat. If no equipment was involved, the form of the heat should still be identified.

The material ignited should be identified by both its type or composition and its form or use. The explanation of how the heat and material got together is described as the ignition factor.

In the example below, the investigator records what he believes happened.

IGNITION SEQUENCE			
HEAT SOURCE	MATERIAL IGNITED	IGNITION FACTOR	IF EQUIPMENT INVOLVED
Radiant heat from electric heater	Cotton and synthetic clothing	Clothing disturbed by cat - Fell on heater	
NAME: ACME	MODEL: DL-62	SERIAL NO: 1X549764	
COMMENTS Believe family cat knocked clothing from a shelf above electric heater onto heater. Clothing ignited when heater came on.			

The section entitled "Fire Spread" can be used to describe how the fire moved through the structure. If certain materials were instrumental in the spread, they should be noted. If certain avenues or paths allowed the fire to spread to other sections of the structure, they should also be noted. It is suggested that when the fire leaves the room of origin, the extent of the fire damage be documented.

In the example below, the fire investigator found that the wood paneling used as interior finish in the corridor was extremely important in spreading the fire and cutting off the escape routes for other residents.

FIRE SPREAD	
MATERIALS	AVENUES
116 prefinished plywood on corridor walls	Corridor on 2nd story
COMMENTS Fire from room of origin travelled down corridor on wall finish, cutting off egress.	

The section entitled "Smoke Spread" is similar to the previous section but allows for the recording of information about the smoke's movement through the building. Again, any materials that produced significant smoke while burning should be recorded. Also, any significant avenues or structural areas that were significant in allowing the smoke to spread uncontrolled should be noted.

In the example below, a burning plastic shower unit in a bathroom on the third story forced smoke into a ventilation shaft from which it spread to other apartments when the fan that ventilated the shaft shut down due to a power failure during the fire.

SMOKE SPREAD	
MATERIALS	AVENUES
Plastic bathtub on third story (Apt. 317)	Bathroom ventilation shaft
COMMENTS Shaft is normally exhausted by fan on roof. Fan shut down due to electric failure. Smoke entered other apartments from shaft.	

Any remarks that the investigator feels are necessary to this particular portion of the investigation can be recorded in the remarks section. If remarks are entered at different times, the date when they are entered should be included.

REMARKS	
Fire department moved clothes washer and dryer during overhaul. They do not appear to have been involved. Char damage in wall and roof area appears to be as a result of the fire growth.	

MOTOR VEHICLES **FIELD NOTES 906M-3**

AGENCY

FILE NUMBER

VEHICLE DESCRIPTION

COLOR(S)	YEAR	MAKE	MODEL	LICENSE - NO., STATE, EXPIRES	VIN NO.
----------	------	------	-------	-------------------------------	---------

OWNER/OPERATOR

OWNER'S NAME	OWNER'S ADDRESS	OWNER'S PHONE NO.
OPERATOR'S NAME/LICENSE NO.	OPERATOR'S ADDRESS	OPERATOR'S PHONE NO.

EXTERIOR

PRIOR DAMAGE	FIRE DAMAGE
TIRES/WHEELS (Missing, Match, Condition)	
PARTS MISSING	

FUEL SYSTEM

PRIOR DAMAGE	FIRE DAMAGE		
TYPE FUEL	CONDITION OF TANK	FILLER CAP CONDITION	FUEL LINE CONDITION

ENGINE COMPARTMENT

PRIOR DAMAGE	FIRE DAMAGE
FLUID LEVELS OIL _____ TRANSMISSION _____ RADIATOR _____ OTHER? _____	
PARTS MISSING	

INTERIOR

PRIOR DAMAGE	FIRE DAMAGE
IGNITION SYSTEM	KEY IN IGNITION <input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONAL CONTENTS MISSING	
ACCESSORIES MISSING	
ODOMETER READING	SERVICE STICKER INFORMATION

VEHICLE SECURITY

ALARM	DOOR AND TRUNK LOCKS	WINDOW POSITIONS
-------	----------------------	------------------

ORIGIN/IGNITION SEQ

AREA
HEAT SOURCE
MATERIAL IGNITED
IGNITION FACTOR

Motor Vehicle (Form M-3).

The motor vehicle form shown on the previous page is divided into eight sections. It is to be used whenever the fire investigation centers on a motor vehicle, whether the vehicle is inside or outside a structure. As with any of the forms used, the agency name and file number should be recorded in the upper right corner.

The first section is used to describe the vehicle. It includes the year, make, model, license or registration number, and the vehicle identification number (VIN). The color of the vehicle should also be recorded.

VEHICLE DESCRIPTION

COACHES	YEAR	MAKE	MODEL	LICENSE - NO. STATE, EXPIRES	VIN NO
Red	82	Acme	Deluxe	WAA-38 NV 5/87	WQZX1298476WWR

The second section is for recording the name, address, and telephone number of the owner of the vehicle and the operator of the vehicle. The operator's license number should also be listed.

OWNER/OPERATOR

OWNER'S NAME	OWNER'S ADDRESS	OWNER'S PHONE NO
John Q Public	129 Elm St Anytown	748-6293
OPERATOR'S NAME / LICENSE NO	OPERATOR'S ADDRESS	OPERATOR'S PHONE NO
Same / 02976 4287		

The third section allows the investigator to record observations about the exterior of the vehicle. This should include any prior damage or missing or mismatched parts. Any area of exterior fire damage should also be described.

EXTERIOR

PRIOR DAMAGE	FIRE DAMAGE
None	Extensive to roof and doors
TIRES/WHEELS (Missing, Match, Condition)	
Original Equipment - Fair Condition	
PARTS MISSING	
None	

The next section is for recording observations about the fuel systems. Notes in this area should relate to whether there was any damage to the fuel system, damage from the fire to the fuel system, the type of fuel the vehicle used, the condition of the tank (was the cap intact), and whether the fuel line intact.

FUEL SYSTEM

PRIOR DAMAGE	FIRE DAMAGE
None	None
TYPE FUEL	CONDITION OF TANK
	FILLER CAP CONDITION
	FUEL LINE CONDITION

The fifth section can be used to record observations about the engine compartment. Again, there are various areas of concern. Was there prior damage to the engine?

Was there fire damage to the engine compartment? What were the fluid levels? Were the caps intact? Were any engine parts missing?

ENGINE COMPARTMENT

PRIOR DAMAGE	FIRE DAMAGE
None	None
FLUID LEVELS	
OIL	TRANSMISSION
	RADIATOR
	OTHER?
PARTS MISSING	

The sixth section of the form is used to record observations about the interior of the vehicle. Was there prior damage to the interior, the ignition system, or accessories? Were the keys in the ignition? Is anything missing? The fire damage should be described. Also, the odometer reading and any service sticker information should be recorded.

INTERIOR

PRIOR DAMAGE	FIRE DAMAGE
None	Extensive
IGNITION SYSTEM	KEY IN IGNITION
Intact - Damaged by fire	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONAL CONTENTS MISSING	
None	
ACCESSORIES MISSING	
None	
ODOMETER READING	SERVICE STICKER INFORMATION
54,186	

The security of the vehicle at the time of the fire can be critical to understanding the fire. The next section allows recording of information about the vehicle's security system. If there was an alarm, was it turned on? Were the doors and trunk locked? What position were the windows in?

VEHICLE SECURITY

ALARM	DOOR AND TRUNK LOCKS	WINDOW POSITIONS
None	Intact	Driver's open

The final section on this form is the origin and ignition sequence section. It can be used to record observations about heat sources, equipment, materials ignited, and possible reasons for the heat and material to combine to start a fire. The ignition sequence may be readily apparent or the investigator may need to use the observations together with other evidence to actually determine how the fire started.

ORIGIN/IGNITION SEQ

AREA
Bear seat
HEAT SOURCE
Believed cigarette
MATERIAL IGNITED
Seat covering and foam plastic padding
IGNITION FACTOR
Discarded smoking material

WILDLAND FIRES FIELD NOTES 906M-4

AGENCY

FILE NUMBER

PROPERTY DESCRIPTION

FIRE DAMAGE <input type="checkbox"/> LESS THAN ACRE _____ NO. ACRES			OTHER PROPERTIES INVOLVED
SECURITY <input type="checkbox"/> OPEN <input type="checkbox"/> FENCED <input type="checkbox"/> LOCKED <input type="checkbox"/> GATES	COMMENTS		

FIRE TRAVEL FACTORS

TYPE FIRE <input type="checkbox"/> GROUND <input type="checkbox"/> CROWN	FACTORS <input type="checkbox"/> WIND <input type="checkbox"/> TERRAIN	COMMENTS
---	---	----------

AREA OF ORIGIN

PEOPLE IN AREA

AT TIME OF FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETERMINED	COMMENTS
---	----------

IGNITION SEQUENCE

HEAT OF IGNITION		
MATERIAL IGNITED		
IGNITION FACTOR		
IF EQUIPMENT INVOLVED		
MAKE	MODEL	SERIAL NO.
COMMENTS		

Wildland Fires (Form M-4).

When the fire involves wildland areas, forest, or grass lands, the wildland fires form shown on the previous page is helpful in recording observations about the fire. The form is divided into five sections. Start by recording the agency name and file number in the upper right corner.

The first section is for describing the property involved as well as the number of acres involved, other property that the fire spread to, type of security, and any further comments.

PROPERTY DESCRIPTION	
Hilly terrain - Some covered with brush 5-8 ft. tall.	
Remainder wooded with mixed hard woods	
FIRE DAMAGE	OTHER PROPERTIES INVOLVED
<input type="checkbox"/> LESS THAN ACRE	<input type="checkbox"/> NO ACRES
15	None
SECURITY	LOCKED
<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> GATES
COMMENTS	

The second section allows the investigator to record comments and observations about how the fire traveled. This should include both horizontal and vertical direction as well as speed. Previous weather conditions that would effect the fire's growth and spread should be recorded.

FIRE TRAVEL FACTORS	
TYPE FIRE	FACTORS
<input checked="" type="checkbox"/> GROUND	<input type="checkbox"/> CROWN
<input type="checkbox"/> WIND	<input checked="" type="checkbox"/> TERRAIN
COMMENTS	
Wind from SW fanned flame up hillside	

The third section is for describing the area of origin. In the early stages of the investigation, that this may be a general area gets narrowed as the investigation continues.

AREA OF ORIGIN
Open area 1/2 mile off State Route 26

The next section allows the investigator to indicate whether there were people in the area, who they were, and what they were doing. Witness statements should be taken using Form M-6.

PEOPLE IN AREA	COMMENTS
AT TIME OF FIRE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETERMINED	2 persons hiking in area
discovered fire (Steve Fryberg 689-3376)	

The last section is used by the investigator to record observations on heat sources present, materials ignited, and what could have allowed the two to combine to allow the fire to start. These observations may provide a definitive ignition sequence or may need to be used with other information to determine how the fire spread.

IGNITION SEQUENCE		
HEAT OF IGNITION	Open campfire	
MATERIALS IGNITED	Grass, leaves, duff	
IGNITION FACTOR	Campfire not properly extinguished	
EQUIPMENT INVOLVED	MAKE	MODEL
		SERIAL NO.
COMMENTS		
Remains of campfire found in area of origin		
Probably campers moved on without properly extinguishing the fire. Area is frequently used by hikers and campers.		

CASUALTIES
FIELD NOTES 906M-5

AGENCY

FILE NUMBER

DESCRIPTION

NAME				ADDRESS				PHONE NO.			
RACE	SEX	AGE	DATE OF BIRTH		HEIGHT	WEIGHT	HAIR	EYES	OTHER		
DESCRIBE CLOTHING											

TYPE OF INJURY

<input type="checkbox"/> MINOR	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SEVERE	<input type="checkbox"/> FATAL	DESCRIBE INJURY
--------------------------------	-----------------------------------	---------------------------------	--------------------------------	-----------------

CIRCUMSTANCES

WHO FOUND VICTIM? WHERE?
VICTIM'S ACTIVITY JUST PRIOR TO AND AT TIME OF IGNITION
VICTIM ACTIVITY AFTER TIME OF IGNITION

CASUALTY TREATMENT

<input type="checkbox"/> TREATED AT SCENE BY?		
SENT TO	VIA	TREATED BY
REMARKS		

FATALITIES

BODY POSITION				
BODY REMOVED TO		BODY REMOVED BY		AUTHORITY TO MOVE BODY GIVEN BY
MEDICAL EXAMINER / CORONER		ADDRESS		PHONE NO.
CAUSE OF DEATH				
AUTOPSY BY		ADDRESS		PHONE NO.
DATE OF AUTOPSY	CASE NO.	BLOOD TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	X-RAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	REPORTS IN POSSESSION <input type="checkbox"/> YES <input type="checkbox"/> NO

NEXT OF KIN

NAME	RELATIONSHIP	ADDRESS & PHONE
NOTIFIED BY (How, Date & Time)		

REMARKS

Casualties (Form M-5).

If there are persons killed or injured by the fire, the casualty form can be used to collect data about those persons.

The casualty could be a fire fighter, a civilian involved with the property that burned, an emergency service person assisting at the incident, or possibly the suspect in a criminal case. The casualty form is divided into seven sections. If any casualty forms are used, the agency and file number should be entered at the upper right corner of the form.

The first section of the form is for identifying and describing the casualty. This includes name and address, personal features, and clothing worn. In the case of a fire fighter injury, the protective clothing worn, how it was worn, and any failure of the clothing should be described.

DESCRIPTION									
NAME		ADDRESS				PHONE NO.			
John Smith		472 Maple Ct.				N/A			
RACE	SEX	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	OTHER	
W	M	87	10/10/1900	5'7"	125	W	BL		
DESCRIBE CLOTHING									
Flannel bathrobe and cotton underwear									

The second section is used to describe the injury and its seriousness. A minor injury is one in which immediate medical care is not necessary. A moderate injury is one in which quick medical treatment is advisable, but there is little danger of death or permanent disability. A severe injury is potentially life threatening if the condition remains uncontrolled. Immediate medical care is necessary.

TYPE OF INJURY		DESCRIBE INJURY
<input type="checkbox"/> MINOR	<input type="checkbox"/> MODERATE	<input checked="" type="checkbox"/> SEVERE
		<input checked="" type="checkbox"/> FATAL
		Burns and smoke

The third section is used to describe the circumstances surrounding the injury or fatality. This includes the name of the person who found the victim, where the victim was found, what the victim's activity prior to or at the time of ignition was, and what the victim was doing after the time of ignition. This would be extremely helpful in the case where the casualty was, in fact, the suspect.

CIRCUMSTANCES	
WHO FOUND VICTIM? WHERE?	Jane Yvanonne (daughter) in chair in livingroom.
VICTIM'S ACTIVITY JUST PRIOR TO AND AT TIME OF IGNITION	Sitting in chair in livingroom, smoking
VICTIM'S ACTIVITY AFTER TIME OF IGNITION	None

The section on casualty treatment is not to collect all the medical details of treatment but rather to identify who handled treatment at the scene and in transport. It also records where the victim was sent. Followup inquiries can then be made to determine medical diagnosis or observations that might be helpful to the investigation.

CASUALTY TREATMENT	
<input type="checkbox"/> TREATED AT SCENE BY? N/A	
SENT TO	VIA TREATED BY
REMARKS	

If the injury is fatal, it is important to determine in what position and where the victim was found. Also record who authorized the body to be removed, who removed it, and to where. The medical examiner should be identified and any information on cause of death recorded. If an autopsy is performed, the person performing it and the date it was performed should be recorded. Other post mortem tests should also be identified.

FATALITIES			
BODY POSITION		AUTHORITY TO MOVE BODY GIVEN BY	
Sitting in chair		M.E. Halpin	
BODY REMOVED TO		ADDRESS	
		1429 Main St, Quincy	
MEDICAL EXAMINER / CORONER		PHONE NO.	
M.E. Halpin		764-8482	
CAUSE OF DEATH		ADDRESS	
Asphyxia from fire products			
AUTOPSY BY		PHONE NO.	
None			
DATE OF AUTOPSY	CASE NO.	BLOOD TEST	X-RAYS
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		REPORTS IN POSSESSION	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

The next section identifies the next of kin, who notified them of the death, and when.

NEXT OF KIN		
NAME	RELATIONSHIP	ADDRESS & PHONE
Jane Yvanonne	Daughter	626 S Elm St.
NOTIFIED BY (NAME, DATE & TIME)		
N/A - Daughter discovered body		

The final section is a remarks section where the investigator can record any comments specific to the casualty.

REMARKS
Appears John Smith fell asleep while smoking and cigarette ignited clothing/chair. Fire self extinguished in chair.

AGENCY

FILE NUMBER

NAME				ADDRESS		PHONE NO.
RACE	SEX	AGE	DATE OF BIRTH		SOC. SECURITY NO.	DRIVERS LIC. NO.
EMPLOYER				ADDRESS		PHONE NO.
RELATIONSHIP TO INCIDENT					CAN BE CONTACTED AT	
STATEMENT TAKEN BY					LOCATION, DATE & TIME OF STATEMENT	

STATEMENT

[illegible]

The top of the form is for identifying the witness, his/her relationship to the property, where they can be contacted, and the location, date, and time of the statement.

The example below shows a typical series of notes taken by an investigator during discussion with John Ayres, owner/occupant of a house in which a fire occurred.

STATEMENT

Left for work at 7:45 Am. Thought heater was off, but could have been left on. Shelf over heater had laundry on it. Also dirty laundry in basket on floor. No previous fires. He was the last person in the utility room. Heater would start when temperature dropped to heat room.

Cat was killed in fire.

All personal belongings appeared intact.

FIELD NOTES 906M-7

FILE NUMBER

REMOVED TO / BY

- | | | | |
|-----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |

REMARKS

[illegible]

Evidence (Form M-7).

If evidence is collected at the fire scene, this form can be used to log that evidence.

A description of the evidence, where and when it was found or taken from, and where it was taken to and by whom are recorded in the first section of the form.

At the bottom of the form is a remarks section that can

be used to document the chain of custody, its use, and/or disposition.

In the example below, three pieces of evidence were taken, an electric heater and debris from two locations. The electric heater was examined at the office and the debris was sent to a laboratory to determine if flammable liquid vapors were present.

EVIDENCE FIELD NOTES 906M-7	AGENCY	FILE NUMBER
	State Police	1234-87

DESCRIPTION	WHERE FOUND / WHEN	REMOVED TO / BY
1. Acme Electric Heater Utility Room Floor		Office by Fahey
2. Debris from near #1 Utility Room Floor		Lab by Fahey
3. Debris from Doorway to Utility Room		Lab by Fahey
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

REMARKS

Items #2 and 3 taken to lab for analysis to determine presence of flammable liquid 5/27/87
Item #1 examined in office- Found to be on at time of fire. 5/27/87
No flammable liquid present per lab report 5/30/87.
Item #1 destroyed per policy 6/25/87.

PHOTOGRAPHS FIELD NOTES 906M-8	Roll No.	AGENCY	FILE NUMBER

*ONLY ONE ROLL OF FILM PER FORM.

NEG. NO.	DESCRIPTION	NEG. NO.	DESCRIPTION
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

REMARKS

Photographs (Form M-8).

The form shown on the previous page should be used to record a description of each photograph taken at the scene. One form should be used with each roll of film. The roll number, the agency conducting the investigation and the file number must be recorded at the top right of the form.

The form is designed so that as pictures are taken, the investigator may record, in numerical order, where the pic-

tures were taken and what they show.

The remarks section at the bottom of the form can be used to comment on any photograph, to keep track of the processing, or for any other notes the investigator wishes to make regarding the photographs.

The completed form below shows how a form might look for twenty-two photographs taken at the scene of a dwelling fire.

PHOTOGRAPHS FIELD NOTES 906M-8	Roll No. 1	AGENCY State Police	FILE NUMBER 1234-87
--	---------------	------------------------	------------------------

*ONLY ONE ROLL OF FILM PER FORM.

NEG. NO.	DESCRIPTION	NEG. NO.	DESCRIPTION
1	Ext - South side	21	Doorway to Util. Rm. from Kit.
2	Ext - East side	22	Doorway to Util. Rm. from Util. Rm.
3	Ext - North side	23	
4	Ext - West side	24	
5	Ext - Roof w/ hole	25	
6	Ext - S/S near Electric	26	
7	Int - Utility Room - S. wall ^{Ent.}	27	
8	Int - Utility Room - E. wall	28	
9	Int - Utility Room - N. wall	29	
10	Int - Utility Room - W. wall	30	
11	Heater	31	
12	Heater	32	
13	Floor - utility room	33	
14	Kitchen	34	
15	Livingroom	35	
16	Bedroom #1	36	
17	Bedroom #2	37	
18	Bedroom #3	38	
19	Cleaned floor - Utility Rm.	39	
20	Cleaned floor - Utility Rm.	40	

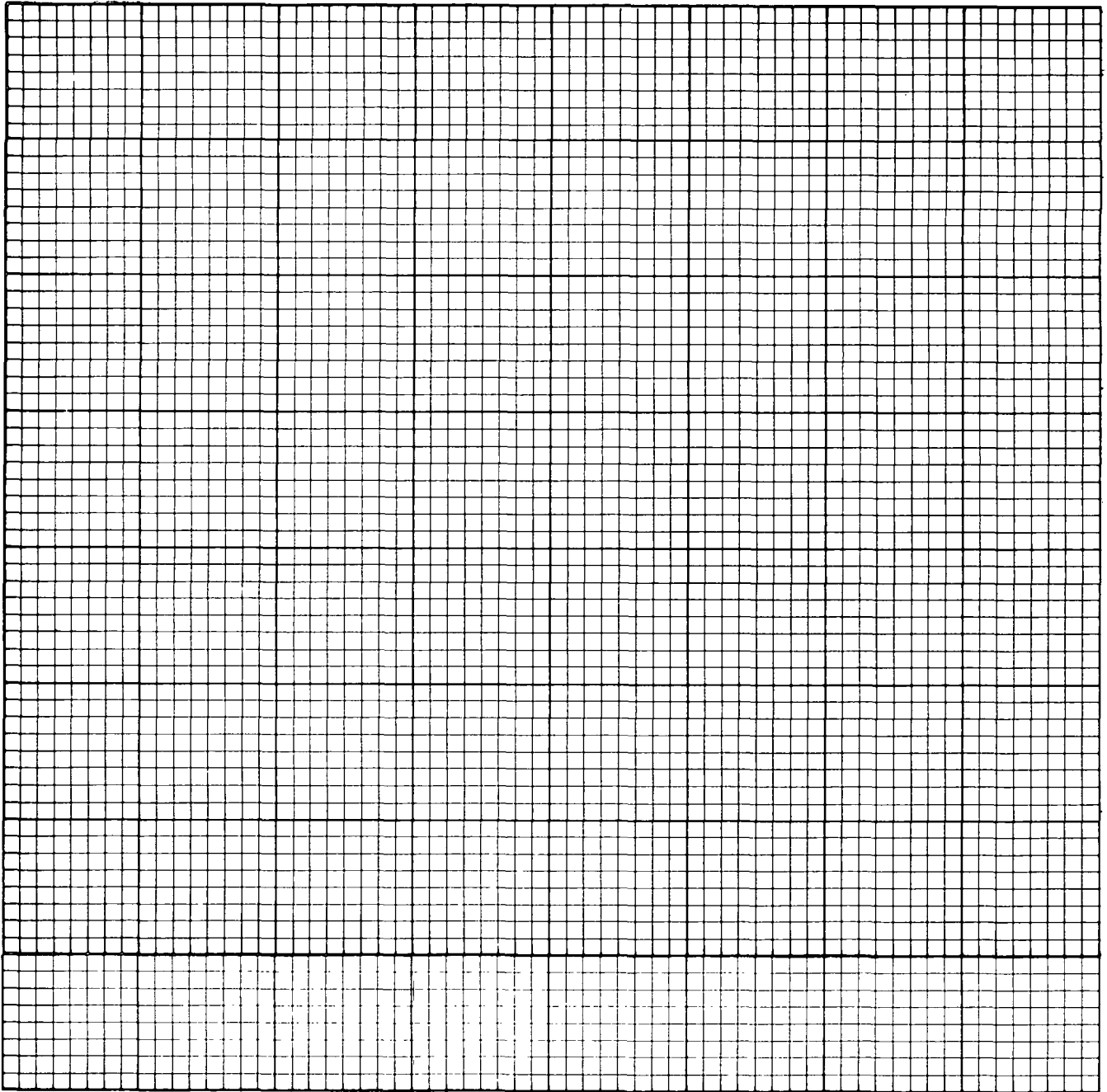
REMARKS

to lab for processing 5/21/87

SKETCHES
FIELD NOTES 906-M-9

AGENCY

FILE NUMBER



Scale:

Sketcher:

Date:

NOTE: Be sure to show reference North on Sketch.

Sketches (Form M-9).

If a sketch is made of the incident, the form on the previous page can be used for that purpose. At a major incident more than one sketch may be necessary with one showing the overall scene, and subsequent sketches showing details of specific sections, such as the area of origin.

The sketch should show a north arrow and the point of

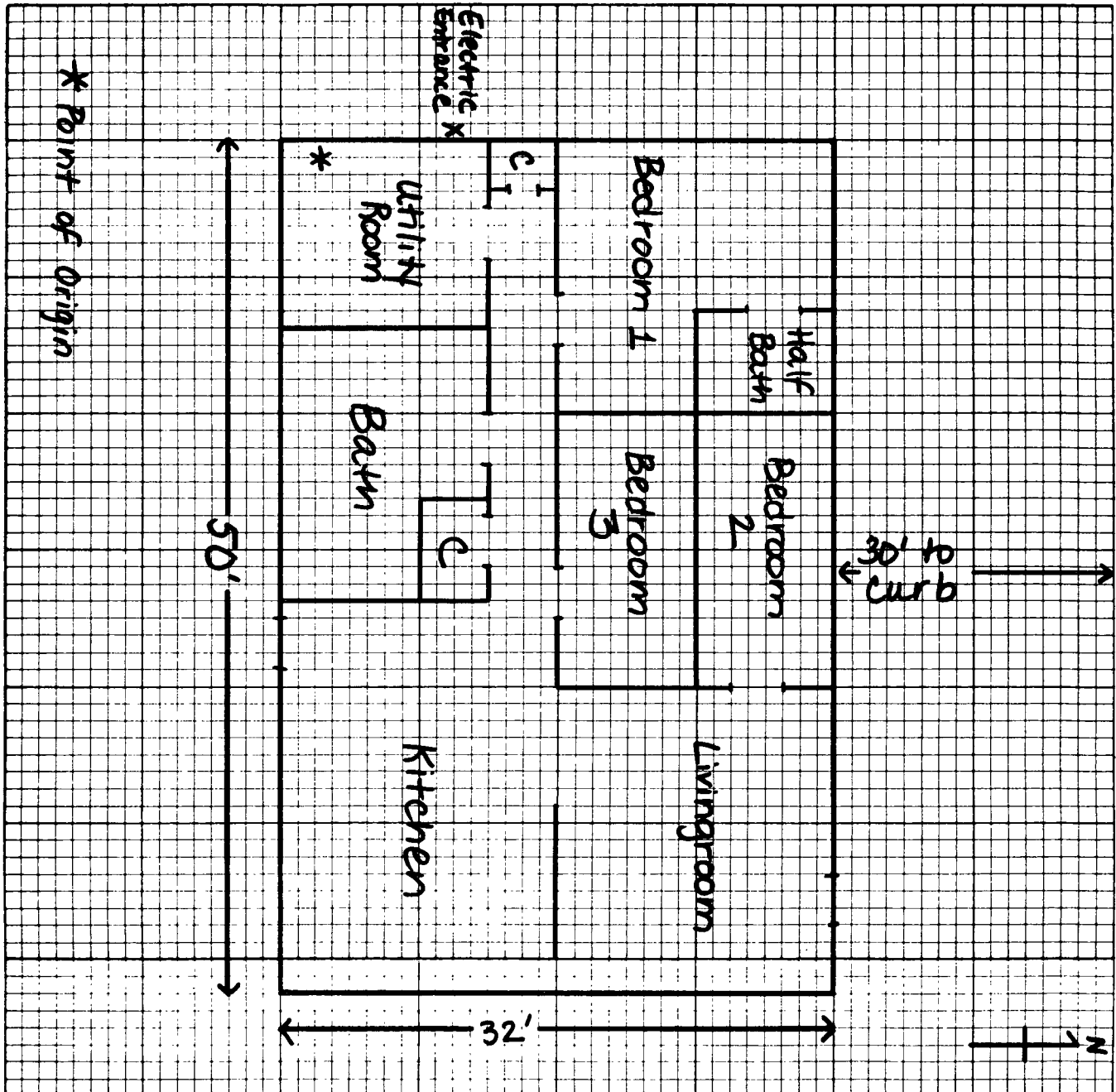
origin. Appropriate measurements can be added to clarify understanding.

If it is not to scale, that should be noted.

Also, the person drawing the sketch should sign and date the sketch.

The example below shows a simple sketch for a one-story dwelling.

SKETCHES FIELD NOTES 906 M-9	AGENCY	FILE NUMBER
	State Police	1234-87



Scale: **None**

Sketcher: **Fahay**

Date: **5/27/87**

NOTE: Be sure to show reference North on Sketch.

INSURANCE INFORMATION

FIELD NOTES 906M-10

AGENCY

FILE NUMBER

COMPANY

NAME 1.		ADDRESS	PHONE NO.
POLICY NO.		EFFECTIVE DATE	EXPIRATION DATE
NAME 2.		ADDRESS	PHONE NO.
POLICY NO.		EFFECTIVE DATE	EXPIRATION DATE

COVERAGE

STRUCTURE/VEHICLE		CONTENTS, PERS. PROP.	BUS. INTERRUPTION, LOSS EARNINGS, LIV. EXP.
1. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	NAME OF INSURED		ADDRESS OF INSURED
2. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	NAME OF INSURED		ADDRESS OF INSURED
PREVIOUS INSURANCE CARRIER NAME		ADDRESS	PHONE NO.
\$ _____ STRUCTURE/VEH. \$ _____ CONTENTS \$ _____ OTHER ? _____			
PREVIOUS LOSSES, CANCELLATIONS			

INSURANCE AGENT

NAME 1.	ADDRESS	PHONE NO.
NAME 2.	ADDRESS	PHONE NO.

ADJUSTER/INVESTIGATOR

NAME OF COMPANY ADJ./INV. 1.	ADDRESS	PHONE NO.
NAME OF COMPANY ADJ./INV. 2.	ADDRESS	PHONE NO.
NAME OF PUBLIC ADJUSTER	ADDRESS	PHONE NO.

TOTAL PAID LOSS

STRUCTURE 1. \$	CONTENTS/PERS. PROP. 1. \$	OTHER (Explain) 1. \$
STRUCTURE 2. \$	CONTENTS/PERS. PROP. 2. \$	OTHER (Explain) 2. \$

REMARKS

Insurance Information (Form M-10).

The form shown on the previous page is used for recording information on the insurance company, coverage, agent, adjuster, and loss paid. The form is divided into six sections. The agency conducting the investigation and the file number should be recorded at the upper right corner of the form.

The first section is for identifying the insurance company or companies involved with the fire loss. In addition to the identification of the company, the policy number, effective date, and expiration date should be recorded. As shown below, the owner of this property was insured with State Casualty, with policy effective dates from 12-1-84 to 12-1-87.

COMPANY		NAME		ADDRESS		PHONE NO.	
1		State Casualty		6278 Ford Rd, Utica		732-1179	
POLICY NO.		EFFECTIVE DATE		EXPIRATION DATE			
C 351-47-6284912		12-1-84		12-1-87			
2		NAME		ADDRESS		PHONE NO.	
POLICY NO.		EFFECTIVE DATE		EXPIRATION DATE			

The second section of the form is for recording data on the amount of coverage, the insured person, and any previous insurance history they may have. In the example below, John Ayres has \$40,000 in coverage on his dwelling and \$20,000 in coverage on the contents. There was no previous insurance carrier and no loss experience.

COVERAGE			
STRUCTURE/VEHICLE		CONTENTS, PERS PROP	
40,000		20,000	
1 <input type="checkbox"/> NEW <input checked="" type="checkbox"/> RENEWAL		BUS. INTERRUPTION, LOSS EARNINGS, LIV EXP	
NAME OF INSURED		None	
John Ayres		ADDRESS OF INSURED	
6426 Smithton Dr		ADDRESS OF INSURED	
2 <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		PHONE NO.	
PREVIOUS INSURANCE CARRIER NAME		ADDRESS	
N/A			
STRUCTURE/VEH \$		CONTENTS \$	
N/A		OTHER ?	
PREVIOUS LOSSES, CANCELLATIONS			
N/A			

The next section is used to identify the insurance agent(s) and where they can be contacted.

INSURANCE AGENT		
NAME	ADDRESS	PHONE NO.
1 Colin Kingsbury	21930 Lennan Dr	731-8462
2	ADDRESS	PHONE NO.

The fourth section is used to identify the person(s) responsible for adjusting the loss or investigating the loss for the insurance company. In the example below, the adjuster is Bernice Kress of Michigan Claims. There was no public adjuster assigned.

ADJUSTER/INVESTIGATOR		
NAME OF COMPANY ADJ/INV	ADDRESS	PHONE NO.
1 Bernice Kress	Mich. Claims	629-8413
NAME OF COMPANY ADJ/INV	ADDRESS	PHONE NO.
2		
NAME OF PUBLIC ADJUSTER	ADDRESS	PHONE NO.
None		

The total paid loss section is used to record the actual insurance company settlement. In addition to the loss to the structure and contents, payments for business interruption, additional living expense, or other payments can be recorded. In the example below, \$23,900 was paid for damage to the structure and \$18,000 for damage to the contents.

TOTAL PAID LOSS		
STRUCTURE	CONTENTS/PERS PROP	OTHER (Explain)
1 \$ 23,900	1 \$ 18,000	1 \$
STRUCTURE	CONTENTS/PERS PROP	OTHER (Explain)
2 \$	2 \$	2 \$

The last section is a remarks section. If there is information from the adjuster or insurance agent that is pertinent to the investigation, it should be listed in this section. If the investigator sees anything suspicious in the insurance arrangement or the way the loss is handled, this can be noted also.

REMARKS
Nothing suspicious to adjuster or agent.
Loss paid 6/15/87.