

# Structure Fire Field Notes (Fill Out Items That Apply)

<b>Incident Date and Time:</b>	<b>WFD Case #:</b> <b>PD Case #:</b>	<b>Investigator:</b>
<b>Address:</b>		

### Owner Information

Name:	Alias:	DOB:
SSN:	Driver's License #:	
Address:		
Home Phone:	Business:	Cellular:
Time At Location:	Employer:	
Height:	Weight:	Race:
Hair color:	Eye Color	Tattoos/Marks:

### Occupant Information

Name:	Alias:	DOB:
SSN:	Driver's License #:	
Address:		
Home Phone:	Business:	Cellular:
Time At Location:	Employer:	
Height:	Weight	Race:
Hair Color:	Eye Color:	Tattoos/Marks:

### Owner/Occupant Insurance Information

Insurance Company:	Policy#:
Effective Dates:	Coverage Type:
Coverage Amounts:	
Agent Name:	Phone:
Agents Office Address:	
Adjusters Name:	Phone:
Loss Payable To:	Previous Claims:

### Fire Discovered/Reported By

Name:	Alias:	DOB:
SSN:	Driver's License #:	
Address:		
Home Phone:	Business:	Cellular:
Time At Location:	Employer:	
Height:	Weight:	Race:
Hair Color:	Eye Color:	Tattoos/Marks

### Weather Conditions

Indicate Relevant Weather Information	Visibility:	Lightning In Area: Y/N	Approx. Temperature:
	Wind Direction:	Approx. Wind Speed:	Precipitation:
	Any Other Info:		

**Type Of Occupancy**

Residential	Single Family	Multifamily	Commercial	Governmental
Church	School	Other:		
Estimated Age:		Height (Stories):		
Length:		Width:		

**Property Status**

Occupied at time of fire? Y   N	Unoccupied time of fire? Y   N	Vacant time of fire? Y   N		
If Vacant or Unoccupied, How Long?				
Is property for sale? Y   N	Realty Agent:		Phone:	
Name of person last in structure prior to fire:				
Time and date in structure:				
Exited via which door/egress?				
Remarks:				

**Building Construction (check those that apply)**

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

**Alarm/Protection/Security**

Sprinklers: Yes   No	Standpipes: Yes   No	Security Cameras: Yes   No	
Smoke Detectors: Yes   No	Hardwired: Yes   No	Battery: Yes   No	
Batteries In Place: Yes   No	Locations:		
Detectors Working: Yes   No			
Alarm System: Yes   No	Alarm System Working: Yes   No		
Hidden Keys: Yes   No Where?			
Security Bars:	Windows Yes   No	Doors: Yes   No	
Remarks:			

**Conditions of Doors/Windows**

Doors	Locked? Yes   No	Unlocked but closed Yes   No	Open Yes   No
	Forced Entry? Yes   No	Who Forced?	
Windows	Secure: Yes   No	Unlocked but Closed Yes   No	Open Yes   No Which?
	Broken By Suppression Crews?	Which?	

	Yes   No	
Remarks:		

**Utilities**

Electric	On   Off   None	Overhead   Underground	
	Company: Rocky Mtn. Power	Contact:	Phone:
	Any signs of stealing of using power from adjacent properties? Y   N		
	Comments:		
Gas	On   Off   None	Natural   LP   Oil	Other:
	Company: Questar	Contact:	Phone:
	Comments:		
Water	On   Off   None	Remarks:	
Telephone	Company:	Contact:	
Other:			

**Fire Department Observations**

Name of first on scene:	Rank:
General Observations:	
Obstacles to extinguishment:	
Any strange smells, sounds, findings?	

**Comments:**


CONDUCT FURTHER INVESTIGATION AS NEEDED.

