

STRUCTURE FIRE

Incident Number	Location	Date of Fire
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TYPE OF OCCUPANCY

<input type="checkbox"/> Residential <input type="checkbox"/> Single family <input type="checkbox"/> Multi family <input type="checkbox"/> Commercial <input type="checkbox"/> Governmental <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Barn/Farm <input type="checkbox"/> Other: _____

PROPERTY STATUS

Occupied at time of fire <input type="checkbox"/> No <input type="checkbox"/> Yes	Unoccupied at time of fire but normally occupied <input type="checkbox"/> No <input type="checkbox"/> Yes	Vacant at time of fire <input type="checkbox"/> No <input type="checkbox"/> Yes
Name of person last in structure prior to fire:	Time and Date In Structure	Exited via which door/egress:
Remarks:		

BUILDING CONSTRUCTION

Estimated Age	Height (stories)	Length:	Width:
Foundation Type <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Other:			
Foundation Material <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other:			
Exterior Material <input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Asphalt <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other:			
Roof Material <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Other:			

ALARM/PROTECTION/SECURITY

Sprinklers Present <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, did they operate <input type="checkbox"/> Yes <input type="checkbox"/> No If not, due to <input type="checkbox"/> malfunction <input type="checkbox"/> improper maintenance <input type="checkbox"/> tampering <input type="checkbox"/> unknown Specific Remarks:		
Smoke Detectors Present <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, locations: _____ If Yes, type of detector(s) <input type="checkbox"/> ionization <input type="checkbox"/> photoelectric <input type="checkbox"/> unknown specific brand: _____ If Yes, Hardwired <input type="checkbox"/> No <input type="checkbox"/> Yes and/or Battery <input type="checkbox"/> No <input type="checkbox"/> Yes If Battery were Batteries in Place <input type="checkbox"/> No <input type="checkbox"/> Yes Did Batteries still retain charge <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		
Security Camera(s) <input type="checkbox"/> No <input type="checkbox"/> Yes Location:	Motion Sensors <input type="checkbox"/> No <input type="checkbox"/> Yes Location	Name of Security Company
Hidden Keys N Y where:	Security Bars Windows? Y N Doors? Y N	
Remarks:		

