**FIREFIGHTER/POLICE OFFICER OBSERVATION REPORT**

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| Case No. | Date of Fire: | | |  | |
| Location of Fire: | | | | City: | County: |
| Victim Name/Incorporated Business | | | Investigator:  DSFM Clayton Kinder | | |
| Date Assigned: | | Date Investigation Began: | | | |

**Firefighter/Police Officer Information:**

|  |  |  |
| --- | --- | --- |
| Name: | | Telephone: |
| Department: | | Department Phone Number: |
| Position/Rank: | | Years of service: |
| Have you had any other specialized training in firefighting or fire investigation? *If yes, please explain.* | | |
|  | | |
| Were any other firemen or police officers on the scene when you arrived?  Yes  No | If yes, please identify: | |
| I arrived at the scene from the:  North  East South  West | | |

**Fire Conditions:**

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| --- | --- | --- | --- | --- |
| What was the color of the smoke? | From which side of the structure was the most amount of smoke coming from:  North  East  South  West  Roof | | | |
| Did you see flames?  Yes  No | If Yes, where? | | |  |
|  |
| Where was the lowest point of burning that you saw? | | | In what part of the structure was the greatest amount of fire:  North  East  South  West  Roof | |
| Did you check any doors?  Yes  No | | If yes, which ones, and were they locked or unlocked, open or closed? | | |
| Did you check any windows?  Yes  No | | If yes, which ones, were they broken, open or closed, where was most of the glass-inside or outside? | | |
| Did you smell anything unusual?  Yes  No | | If yes, describe the odor: | | |

**Additional Information:**

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| Was anyone, other than fire or police personnel there when you arrived?  Yes  No |
| If yes, did you have any conversation with them and if so, describe what was said: |
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| Did you notice anything unusual **outside** the structure?  Yes  No |
| If yes, describe what you saw: |
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|  |
| Did you notice anything unusual **inside** the structure?  Yes  No |
| If yes, describe what you saw: |
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|  |
| Did you have any conversation with the **owner** of the property before, during, or after the fire?  Yes  No |
| If yes, describe what was said: |
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|  |
| Did you have any conversation with the **occupant** of the property before, during, or after the fire?  Yes  No |
| If yes, describe what was said: |
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|  |
| Please use the remaining space to provide any other relevant information about this fire: |
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**Please sign and complete this information and return to the investigator:**

|  |  |
| --- | --- |
| Name | Date: |