

Orange County Fire Authority  
Fire Investigation Worksheet (FIW)

**Instructions**

The Fire Investigation Worksheet is to be utilized for ALL fires.

- Complete the worksheet while at the scene. Once you leave the scene, it is sometimes not possible to return to gather missing data.
- Complete your fire report (OCFIRS) using the handwritten FIW as your guide
- Fold the FIW in half, place a staple along the bottom, and drop it in the pony to Investigations.

**Sections**

<b>Section I – All Fires</b>	
<input type="checkbox"/> Basic Investigation Data	Page 1-4
<input type="checkbox"/> Persons Involved	Page 5-6
<input type="checkbox"/> Equipment Involved	Page 7
<b>Section II – Structure/Building Fires</b>	
<input type="checkbox"/> Structure/Building Data	Page 9
<input type="checkbox"/> Damage Estimator	Page 11-12
<b>Section III – Mobile Property Fires</b>	
<input type="checkbox"/> Vehicle/Mobile Property Data	Page 13-14

**Investigator**

Contact a Fire Investigator from the scene for assistance with any of the following:

- The origin and cause cannot be determined (heat source, item first ignited, and event which brought the two together)
- Intentional set or suspicious fires
- Fires resulting in serious injury, burns, or fatality
- Fire incidents involving special circumstances (e.g. dollar loss > \$100k, extensive damage, or political sensitivity)

**OCFIRS Notes**

- BUILDING FIRE (111) is defined as a 1-flame present outside of intended use and 2-starts inside a building and 3-involves burning of an integral part of the building and 4-sustains fire. Use FIRE – OTHER (100) if all four conditions in the definition are not met.
- Before going AOR, the company officer responsible for the report should enter the structure/property loss and cause into CAD:  
e.g. DAMG, \$250,000 structure and \$125,000 contents - Cause: Unattended candle in contact with combustibles

.....  
Fold in half along line

To: RFOTC  
Investigations

From: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Place single staple here

-----



## Basic Investigation Data

### General

Incident Date / Time		Incident Number	
FIW Report By		Employee ID #	Unit/Shift
Incident Address/Location		City	Latitude/Longitude (if no specific address)
Fire Investigator Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES, email to InvPhotos@ocfa.org/Inc # as subject</small>	Damage: Structure	Damage: Contents / Property
Law Enforcement Involved in investigation and/or interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Agency	Officer Name	Law Report #
Injuries? Civilian: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Fighter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injuries: Describe who, how, and why		

### Incident Situation – Fires (Circle ONE)

135 Aircraft 142 Brush or brush-and-grass mixture fire <b>111 Building</b> 137 Camper or recreational vehicle (RV) <b>114 Chimney or flue</b> 117 Compactor 153 Construction or demolition landfill <b>113 Cooking (confined to container)</b> 173 Cultivated trees or nursery stock	170 Cultivated vegetation, crop, other 154 Dumpster <b>100 Fire - other (doesn't fit any other code)</b> 141 Forest, woods or wild land fire 116 Fuel burner / boiler malfunction 143 Grass 115 Incinerator overload or malfunction 130 Mobile property (vehicle), other 121 Mobile home used as a fixed residence	122 Motor home, camper or rec. vehicle 140 Natural vegetation, other 138 Off-road vehicle or heavy equipment 162 Outside equipment 163 Outside gas or vapor combustion explosion 164 Outside mailbox 150 Outside rubbish, other 151 Outside rubbish, trash or waste 161 Outside storage	<b>131 Passenger vehicle</b> 123 Portable building, fixed location 132 Road freight or transport vehicle 136 Self-propelled motor home/rec. vehicle 160 Special outside, other 112 Structure other than in a building 118 Trash or rubbish (inside structure) 134 Water vehicle
--	--	---	--

### Response

<u>Auto and mutual aid given/received:</u> <input type="checkbox"/> 1 Mutual aid received (in our jurisdiction)* <input type="checkbox"/> 2 Automatic aid received (in our jurisdiction)* <input type="checkbox"/> 3 Mutual aid given (outside our jurisdiction) <input type="checkbox"/> 4 Automatic aid given (outside our jurisdiction) <input type="checkbox"/> N None	<u>Would improvement in any of the following areas change the outcome?</u> (e.g. Minimized damage, reduced injuries) <input type="checkbox"/> 1. Additional fire ground personnel <input type="checkbox"/> 4. Specialized apparatus/equipment <input type="checkbox"/> 7. Water supply <input type="checkbox"/> 10. FD Access <input type="checkbox"/> 2. Initial command setup <input type="checkbox"/> 5. Systems awareness/operation <input type="checkbox"/> 8. Evacuation <input type="checkbox"/> 11. Signage, addressing <input type="checkbox"/> 3. Pre-planning <input type="checkbox"/> 6. Tactics/strategies <input type="checkbox"/> 9. Salvage
* OCFA unit required to complete fire report	
Recommendation(s):	

### Describe your initial observations and fire conditions

### Describe initial operations/actions

### Describe the Area of Origin

Area of Origin (Circle ONE)			
13 Assembly area - less than 100 persons	56 Display window	31 Laboratory	50 Service facilities, other
10 Assembly or sales area, other	55 Dust: HVAC, cable, exhaust, heating or AC	26 Laundry area, wash house (laundry)	45 Shipping receiving areas, loading area
74 Attic: vacant, crawl space above top story	9 Egress/exit, other	54 Laundry or mail chute	36 Stage area - performance, basketball court
78 Awning	83 Engine area, running gear, wheel area	61 Machinery room or area, elevator room	40 Storage area, other
23 Bar area, beverage service area, cafeteria	5 Entrance way, lobby	65 Maintenance shop/area, paint shop/area	41 Storage area, area, tank, or bin
25 Bathroom, locker room	60 Equipment or service area, other	97 Multiple areas	43 Storage: supplies or tools, dead storage
21 Bedroom - <5 persons; included are jail	4 Escalator - exterior, interior	27 Office	70 Structural area, other
82 Cargo/trunk area - all vehicles	72 Exterior balcony, unenclosed porch	94 Open area - outside; incl farmland, field	71 Substructure area or space, crawl space
73 Ceiling and floor assembly, crawl space	2 Exterior stairway, ramp, or fire escape	81 Operator/passenger area of trans. Equip	63 Switchgear area, transformer vault
57 Chimney only (only if confined to chimney)	86 Exterior, exposed surface	90 Outside area, other	98 Vacant structural area
46 Chute/container - trash, rubbish, waste	84 Fuel tank, fuel line	28 Personal service area, barber/beauty salon	47 Vehicle storage area; garage, carport
42 Closet	20 Function areas, other	32 Printing area	80 Vehicle area, other
14 Common room, den, family rm, living rm	1 Hallway, corridor, mall	38 Processing/manufacturing area, workroom	75 Wall assembly, concealed wall space
35 Computer room, control room or center	62 Heating room or area, water heater area	91 Railroad right of way; on or near	76 Wall surface, exterior
52 Conduit, pipe, utility or ventilation shaft	92 Highway, parking lot, street: on or near	44 Records storage area, storage vault	95 Wild land, woods
96 Construction/renovation area	3 Interior stairway or ramp	77 Roof surface, exterior	OO Other - _____
58 Conveyor	24 Kitchen, cooking	15 Sales area, showroom	UU Undetermined

Heat Source (Circle ONE)			
68 Backfire from internal combustion engine	67 Flare or fuse	56 Incendiary device	12 Radiated, conducted heat from operating equipment
66 Candle	83 Flying brand, ember, spark	73 Lightning discharge	11 Spark, ember or flame from operating equipment
70 Chemical, natural heat source, other	81 Heat from direct flame, convection currents	64 Match	72 Spontaneous combustion, chemical reaction
61 Cigarette	60 Heat from other flame or smoking material	55 Model and amateur rockets	71 Sunlight
84 Conducted heat from another fire	10 Heat from powered equipment, other	42 Molten, hot material	OO Heat source - other - _____
13 Electrical arcing	63 Heat from undetermined smoking materials	97 Multiple heat sources or multiple ignition	UU Undetermined
50 Explosion	41 Heat, spark from friction	74 Other static discharge	
54 Fireworks	43 Hot ember or ash	62 Pipe or cigar	
69 Flame/torch used for lighting	40 Hot or smoldering object, other	82 Radiated heat from another fire	

Item First Ignited (Circle ONE)			
40 Adornment, recreational materials, signs, other	94 Dust, fiber, lint, including sawdust	18 Insulation within structural area	67 Pipe, duct, conduit, hose covering
74 Animal, living or dead	81 Electrical wire, cable insulation	16 Interior ceiling covering or finish	88 Pyrotechnics, explosives
25 Appliance housing or casing	11 Exterior roof covering, surface, finish	15 Interior wall covering excluding drapes, etc	85 Railroad ties
71 Agricultural crop, including fruits and vegetables	13 Exterior trim, including doors	24 Ironing board	59 Rolled, wound material (paper, fabric)
61 Atomized liquid vaporized liquid, aerosol	12 Exterior wall covering or finish	72 Light vegetation - not crop, including grass	96 Rubbish, trash, waste
46 Awning, canopy	86 Fence, pole	33 Linen, other than bedding	43 Sign, including outdoor signs/billboards
56 Bailed goods	87 Fertilizer	60 Liquids, piping, filters, other	30 Soft goods, wearing apparel, other
32 Bedding, blanket, sheet, comforter	95 Film, residue, including paint & resin	38 Luggage	50 Storage supplies, other
91 Book	68 Filter, including evaporative cooler pads	92 Magazine, newspaper, writing paper	10 Structural component or finish, other
51 Box, carton, bag, basket, barrel	62 Flammable liquid/gas-in/from eng. or burner	52 Material being used to make a product	17 Structural member or framing
57 Bulk storage	63 Flammable liquid/gas - in/from final container	31 Mattress, pillow	47 Tent
23 Cabinetry (including built-in)	65 Flammable liquid/gas - uncontained	99 Multiple items first ignited	84 Tire
44 Chips, including wood chips	64 Flammable liquid/gas in container or pipe	22 Non-upholstered chair, bench	45 Toy, game
41 Christmas tree	14 Floor covering or rug/carpet/mat, surface	97 Oily rags	21 Upholstered sofa, chair, vehicle seats
83 Conveyor belt, drive belt, V-Belt	20 Furniture, utensils, other	70 Organic materials, other	34 Wearing apparel not on a person
76 Cooking materials, including edible materials	37 Goods not made up, incl. fabrics	55 Packing, wrapping materials	35 Wearing apparel on a person
36 Curtain, blind, drapery, tapestry	73 Heavy vegetation - not crop, including trees	53 Pallet	OO Item other - _____
42 Decoration	26 Household utensils	58 Palletized material, material stored on pallets	UU Undetermined
	75 Human, living or dead	66 Pipe, duct, conduit, hose	

Item First Ignited: Material Type (Circle ONE)			
14 Acetylene gas	20 Flammable or combustible liquid, other	99 Multiple types of materials first ignited	51 Rubber, excluding synthetic rubbers
34 Adhesive, resin, tar, glue, asphalt, pitch	57 Food, starch, except fat and grease (code 31)	11 Natural gas	63 Sawn wood, including all finished lumber
86 Asphalt-treated material	74 Fur, silk, other fabric	50 Natural product, other	37 Solid chemical, included are explosives
68 Cardboard	23 Gasoline	82 Oilcloth	58 Tobacco
56 Coal, coke, briquettes, peat	55 Grain, natural fiber (preprocess)	35 Paint, varnish - applied	24 Turpentine, butyl alcohol type flammable liquid
27 Cooking oil, transformer or lubricating oil	54 Hay, straw	67 Paper, including cellulose, waxed paper	30 Volatile solid or chemical, other
26 Creosote, cottonseed oil	76 Human hair	32 Petroleum jelly and non-food grease	61 Wood chips, sawdust, shavings
71 Fabric, fiber, cotton, blends, rayon, wool	25 Kerosene, No 1 & 2 fuel oil, diesel fuel	41 Plastic	60 Wood or paper, processed, other
70 Fabric, textile, fur, other	53 Leather	77 Plastic coated fabric	66 Wood pulp, wood fiber
31 Fat, grease, butter, margarine, lard	81 Linoleum	64 Plywood	OO Type of material - other - _____
65 Fiberboard, particleboard, and hardboard	12 LP gas	33 Polish, paraffin, wax	UU Undetermined
10 Flammable gas, other	80 Material compounded with oil, other	62 Round timber, including round posts, poles	

**Describe how/why the fire occurred**  
**(Event/circumstances that brought the HEAT SOURCE & ITEM FIRST IGNITED together)**

---



---



---



---



---



---



---



---



---



---



---





# Persons Involved

Persons #1				
Name  <input type="checkbox"/> Owner <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Victim	Address	Date of Birth:  Driver's License:	Home Phone:  Cell Phone:	
Statements  _____				
<b>How was the individual involved in the start of the fire?</b>  <input type="checkbox"/> 1. Involved in the start of the fire (accidental or intentional)  <input type="checkbox"/> 2. Intervened once aware of the fire  <input type="checkbox"/> 3. Not involved → (skip following questions and go to person #2)	If involved in the start of the fire (accidentally or intentionally, how did this person's actions or inactions related to the cause of the fire?  <b>Intentionally Set</b> <input type="checkbox"/> Civil unrest <input type="checkbox"/> Crime concealment <input type="checkbox"/> Extremism <input type="checkbox"/> Peer pressure <input type="checkbox"/> Profit <input type="checkbox"/> Psychiatric illness <input type="checkbox"/> Retaliation <input type="checkbox"/> Spite/revenge  <input type="checkbox"/> Vandalism <input type="checkbox"/> Intentional but reason other <input type="checkbox"/> Intentional but reason unknown  <b>Complacency Issues</b> <input type="checkbox"/> Don't care <input type="checkbox"/> Forgot <input type="checkbox"/> Don't believe it will happen  <b>Negligence</b> <input type="checkbox"/> Assumed risk <input type="checkbox"/> Distracted  <input type="checkbox"/> Failure to take precautions <input type="checkbox"/> Should have known  <b>Other</b> <input type="checkbox"/> Unaware <input type="checkbox"/> Uneducated  <input type="checkbox"/> None <input type="checkbox"/> Undetermined			
<b>How did they become aware of the fire?</b>  <input type="checkbox"/> 1. Alarm <input type="checkbox"/> 2. Directly started fire (accidentally or intentionally) <input type="checkbox"/> 3. Discovered <input type="checkbox"/> 4. Others <input type="checkbox"/> 5. Undetermined	<b>What actions did they take after becoming aware of the fire?</b>  First Action _____ Second Action _____ Third Action _____ Fourth Action _____ Fifth Action _____		A. Alert family / others B. Call 911 C. Escape D. Rescue / evacuate others E. Attempt to extinguish—fire extinguisher F. Attempt to extinguish—makeshift(pot/pan/hose/smother G. Attempted to extinguish – other method H. Attempted to extinguish although method unknown I. None J. Undetermined	
<b>What is the person's ethnicity?</b> <input type="checkbox"/> 1. American Indian or Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Hispanic or Latino <input type="checkbox"/> 5. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 6. White <input type="checkbox"/> 7. Undetermined	<b>What is the individual's socioeconomic status?</b> <input type="checkbox"/> 1. High <input type="checkbox"/> 2. Medium (i.e. most common in O.C.) <input type="checkbox"/> 3. Low (e.g. poverty, can't make ends meet)  (Use your best judgment to estimate)	<b>Was the individual impaired in any way? (multiple selections)</b> <input type="checkbox"/> 1. Age related <input type="checkbox"/> 2. Alcohol/Drugs <input type="checkbox"/> 3. Emotionally impaired <input type="checkbox"/> 4. Mentally impaired <input type="checkbox"/> 5. Psychiatric issue <input type="checkbox"/> 6. None <input type="checkbox"/> 7. Undetermined	<b>Was the individual a contracted professional?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined	<b>For "Attempt to extinguish" actions, was their attempt to extinguish the fire appropriate?</b>  <input type="checkbox"/> 1. Proper <input type="checkbox"/> 2. Improper <input type="checkbox"/> 3. Undetermined  _____ Company/License #

Persons #2				
Name  <input type="checkbox"/> Owner <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Victim	Address	Date of Birth:  Driver's License:	Home Phone:  Cell Phone:	
Statements  _____				
<b>How was the individual involved in the start of the fire?</b>  <input type="checkbox"/> 1. Involved in the start of the fire (accidental or intentional)  <input type="checkbox"/> 2. Intervened once aware of the fire  <input type="checkbox"/> 3. Not involved → (skip following questions and go to person #3)	If involved in the start of the fire (accidentally or intentionally, how did this person's actions or inactions related to the cause of the fire?  <b>Intentionally Set</b> <input type="checkbox"/> Civil unrest <input type="checkbox"/> Crime concealment <input type="checkbox"/> Extremism <input type="checkbox"/> Peer pressure <input type="checkbox"/> Profit <input type="checkbox"/> Psychiatric illness <input type="checkbox"/> Retaliation <input type="checkbox"/> Spite/revenge  <input type="checkbox"/> Vandalism <input type="checkbox"/> Intentional but reason other <input type="checkbox"/> Intentional but reason unknown  <b>Complacency Issues</b> <input type="checkbox"/> Don't care <input type="checkbox"/> Forgot <input type="checkbox"/> Don't believe it will happen  <b>Negligence</b> <input type="checkbox"/> Assumed risk <input type="checkbox"/> Distracted  <input type="checkbox"/> Failure to take precautions <input type="checkbox"/> Should have known  <b>Other</b> <input type="checkbox"/> Unaware <input type="checkbox"/> Uneducated  <input type="checkbox"/> None <input type="checkbox"/> Undetermined			
<b>How did they become aware of the fire?</b>  <input type="checkbox"/> 1. Alarm <input type="checkbox"/> 2. Directly started fire (accidentally or intentionally) <input type="checkbox"/> 3. Discovered <input type="checkbox"/> 4. Others <input type="checkbox"/> 5. Undetermined	<b>What actions did they take after becoming aware of the fire?</b>  First Action _____ Second Action _____ Third Action _____ Fourth Action _____ Fifth Action _____		A. Alert family / others B. Call 911 C. Escape D. Rescue / evacuate others E. Attempt to extinguish—fire extinguisher F. Attempt to extinguish—makeshift(pot/pan/hose/smother G. Attempted to extinguish – other method H. Attempted to extinguish although method unknown I. None J. Undetermined	
<b>What is the person's ethnicity?</b> <input type="checkbox"/> 1. American Indian or Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Hispanic or Latino <input type="checkbox"/> 5. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 6. White <input type="checkbox"/> 7. Undetermined	<b>What is the individual's socioeconomic status?</b> <input type="checkbox"/> 1. High <input type="checkbox"/> 2. Medium (i.e. most common in O.C.) <input type="checkbox"/> 3. Low (e.g. poverty, can't make ends meet)  (Use your best judgment to estimate)	<b>Was the individual impaired in any way? (multiple selections)</b> <input type="checkbox"/> 1. Age related <input type="checkbox"/> 2. Alcohol/Drugs <input type="checkbox"/> 3. Emotionally impaired <input type="checkbox"/> 4. Mentally impaired <input type="checkbox"/> 5. Psychiatric issue <input type="checkbox"/> 6. None <input type="checkbox"/> 7. Undetermined	<b>Was the individual a contracted professional?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined	<b>For "Attempt to extinguish" actions, was their attempt to extinguish the fire appropriate?</b>  <input type="checkbox"/> 1. Proper <input type="checkbox"/> 2. Improper <input type="checkbox"/> 3. Undetermined  _____ Company/License #

Persons #3				
Name <input type="checkbox"/> Owner <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Victim	Address	Date of Birth: Driver's License:	Home Phone: Cell Phone:	
Statements				
<u>How was the individual involved in the start of the fire?</u> <input type="checkbox"/> 1. Involved in the start of the fire (accidental or intentional) <input type="checkbox"/> 2. Intervened once aware of the fire <input type="checkbox"/> 3. Not involved → (skip following questions and go to person #4)	If involved in the start of the fire (accidentally or intentionally, how did this person's actions or inactions related to the cause of the fire? <b>Intentionally Set</b> <input type="checkbox"/> Civil unrest <input type="checkbox"/> Crime concealment <input type="checkbox"/> Extremism <input type="checkbox"/> Peer pressure <input type="checkbox"/> Profit <input type="checkbox"/> Psychiatric illness <input type="checkbox"/> Retaliation <input type="checkbox"/> Spite/revenge <input type="checkbox"/> Vandalism <input type="checkbox"/> Intentional but reason other <input type="checkbox"/> Intentional but reason unknown <b>Complacency Issues</b> <input type="checkbox"/> Don't care <input type="checkbox"/> Forgot <input type="checkbox"/> Don't believe it will happen <b>Negligence</b> <input type="checkbox"/> Assumed risk <input type="checkbox"/> Distracted <input type="checkbox"/> Failure to take precautions <input type="checkbox"/> Should have known <b>Other</b> <input type="checkbox"/> Unaware <input type="checkbox"/> Uneducated <input type="checkbox"/> None <input type="checkbox"/> Undetermined			
<u>How did they become aware of the fire?</u> <input type="checkbox"/> 1. Alarm <input type="checkbox"/> 2. Directly started fire (accidentally or intentionally) <input type="checkbox"/> 3. Discovered <input type="checkbox"/> 4. Others <input type="checkbox"/> 5. Undetermined	<u>What actions did they take after becoming aware of the fire?</u> First Action _____ Second Action _____ Third Action _____ Fourth Action _____ Fifth Action _____	A. Alert family / others B. Call 911 C. Escape D. Rescue / evacuate others E. Attempt to extinguish—fire extinguisher F. Attempt to extinguish—makeshift(pot/pan/hose/smother) G. Attempted to extinguish – other method H. Attempted to extinguish although method unknown I. None J. Undetermined		<u>For "Attempt to extinguish" actions, was their attempt to extinguish the fire appropriate?</u> <input type="checkbox"/> 1. Proper <input type="checkbox"/> 2. Improper <input type="checkbox"/> 3. Undetermined
<u>What is the person's ethnicity?</u> <input type="checkbox"/> 1. American Indian or Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Hispanic or Latino <input type="checkbox"/> 5. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 6. White <input type="checkbox"/> 7. Undetermined	<u>What is the individual's socioeconomic status?</u> <input type="checkbox"/> 1. High <input type="checkbox"/> 2. Medium (i.e. most common in O.C.) <input type="checkbox"/> 3. Low (e.g. poverty, can't make ends meet) (Use your best judgment to estimate)	<u>Was the individual impaired in any way? (multiple selections)</u> <input type="checkbox"/> 1. Age related <input type="checkbox"/> 2. Alcohol/Drugs <input type="checkbox"/> 3. Emotionally impaired <input type="checkbox"/> 4. Mentally impaired <input type="checkbox"/> 5. Psychiatric issue <input type="checkbox"/> 6. None <input type="checkbox"/> 7. Undetermined	<u>Was the individual a contracted professional?</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined	<u>If YES, was the work being performed within scope of duties?</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined _____ Company/License #

Persons #4				
Name <input type="checkbox"/> Owner <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Victim	Address	Date of Birth: Driver's License:	Home Phone: Cell Phone:	
Statements				
<u>How was the individual involved in the start of the fire?</u> <input type="checkbox"/> 1. Involved in the start of the fire (accidental or intentional) <input type="checkbox"/> 2. Intervened once aware of the fire <input type="checkbox"/> 3. Not involved → (skip following questions and go to page 7)	If involved in the start of the fire (accidentally or intentionally, how did this person's actions or inactions related to the cause of the fire? <b>Intentionally Set</b> <input type="checkbox"/> Civil unrest <input type="checkbox"/> Crime concealment <input type="checkbox"/> Extremism <input type="checkbox"/> Peer pressure <input type="checkbox"/> Profit <input type="checkbox"/> Psychiatric illness <input type="checkbox"/> Retaliation <input type="checkbox"/> Spite/revenge <input type="checkbox"/> Vandalism <input type="checkbox"/> Intentional but reason other <input type="checkbox"/> Intentional but reason unknown <b>Complacency Issues</b> <input type="checkbox"/> Don't care <input type="checkbox"/> Forgot <input type="checkbox"/> Don't believe it will happen <b>Negligence</b> <input type="checkbox"/> Assumed risk <input type="checkbox"/> Distracted <input type="checkbox"/> Failure to take precautions <input type="checkbox"/> Should have known <b>Other</b> <input type="checkbox"/> Unaware <input type="checkbox"/> Uneducated <input type="checkbox"/> None <input type="checkbox"/> Undetermined			
<u>How did they become aware of the fire?</u> <input type="checkbox"/> 1. Alarm <input type="checkbox"/> 2. Directly started fire (accidentally or intentionally) <input type="checkbox"/> 3. Discovered <input type="checkbox"/> 4. Others <input type="checkbox"/> 5. Undetermined	<u>What actions did they take after becoming aware of the fire?</u> First Action _____ Second Action _____ Third Action _____ Fourth Action _____ Fifth Action _____	A. Alert family / others B. Call 911 C. Escape D. Rescue / evacuate others E. Attempt to extinguish—fire extinguisher F. Attempt to extinguish—makeshift(pot/pan/hose/smother) G. Attempted to extinguish – other method H. Attempted to extinguish although method unknown I. None J. Undetermined		<u>For "Attempt to extinguish" actions, was their attempt to extinguish the fire appropriate?</u> <input type="checkbox"/> 1. Proper <input type="checkbox"/> 2. Improper <input type="checkbox"/> 3. Undetermined
<u>What is the person's ethnicity?</u> <input type="checkbox"/> 1. American Indian or Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Hispanic or Latino <input type="checkbox"/> 5. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 6. White <input type="checkbox"/> 7. Undetermined	<u>What is the individual's socioeconomic status?</u> <input type="checkbox"/> 1. High <input type="checkbox"/> 2. Medium (i.e. most common in O.C.) <input type="checkbox"/> 3. Low (e.g. poverty, can't make ends meet) (Use your best judgment to estimate)	<u>Was the individual impaired in any way? (multiple selections)</u> <input type="checkbox"/> 1. Age related <input type="checkbox"/> 2. Alcohol/Drugs <input type="checkbox"/> 3. Emotionally impaired <input type="checkbox"/> 4. Mentally impaired <input type="checkbox"/> 5. Psychiatric issue <input type="checkbox"/> 6. None <input type="checkbox"/> 7. Undetermined	<u>Was the individual a contracted professional?</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined	<u>If YES, was the work being performed within scope of duties?</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined _____ Company/License #



## Equipment Involved

Brand	Model	Year	Serial Number
<b>Was the equipment connected to a power source (e.g. AC, battery, solar)?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <b>-&gt; (skip all of the following questions)</b> <input type="checkbox"/> 3. Undetermined	<b>Was the equipment operating at the time of the fire?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined	<b>Were there any problems with the equipment prior or during the fire?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined	<b>How was the equipment involved in the start of the fire?</b> <input type="checkbox"/> 1. Directly <input type="checkbox"/> 2. Indirectly <input type="checkbox"/> 3. Undetermined
<b>What was the position of the power switch to the equipment?</b> <input type="checkbox"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Not Applicable <input type="checkbox"/> 4. Undetermined	<b>What manufacturer element contributed to the equipment failure? (multiple selections)</b> <input type="checkbox"/> 1. Design defect <input type="checkbox"/> 2. Manufacturing defect <input type="checkbox"/> 3. None <input type="checkbox"/> 4. Undetermined	<b>What condition contributed to the equipment failure? (multiple selections)</b> <input type="checkbox"/> 1. Worn <input type="checkbox"/> 2. Broken <input type="checkbox"/> 3. Not maintained <input type="checkbox"/> 4. None <input type="checkbox"/> 5. Undetermined	<b>Was there misuse of the equipment at the time of the fire?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined

Details for failures, conditions, misuse listed above:

---



---



---



---

## Equipment Involved (Circle ONE)

<b>Bathroom</b> 842 Curling iron 1131 Bathroom exhaust fan 844 Hair curler, warmer 845 Hair dryer 847 Razor, shaver <b>Household Items</b> 871 Ashtray 229 Battery 228 Battery charger, rectifier 643 BBQ, grill, hibachi 852 Blanket - electric 862 Burglar alarm 751 Cable converter box 756 Camcorder, video camera 873 Cigarette lighter, pipe lighter 891 Clock 811 Clothes dryer 855 Clothes iron 854 Clothes steamer 260 Cord, plug, other 842 Curling iron 242 Decorative lights, low voltage 243 Decorative/landscape lighting, low volt. 263 Extension cord 113 Fan 234 Fluorescent lighting fixture, ballast 132 Furnace, central heating unit 131 Furnace, local heating unit, built in 219 Ground fault interrupter (GFI) 844 Hair curler, warmer 845 Hair dryer 235 Halogen lighting fixture or lamp 144 Heat lamp 141 Heater, exclud catalytic & oil filled heater 853 Heating pad 100 Heating, vent. & air conditioning, other 821 Hot tub, whirlpool, spa 655 Ice maker (separate from refrigerator) 233 Incandescent lighting fixture 865 Intercom 230 Lamp, lighting, other 231 Lamp, tabletop, floor, desk 232 Lantern, flashlight 238 Light bulb 877 Lighter, novelty 241 Night light 217 Outlet, receptacle 416 Oxygen administration equipment 800 Personal or household equipment, other 757 Photographic camera and equipment 850 Portable app. designed to produce heat 261 Power cord, plug, detachable from app. 262 Power cord, plug, permanently attached	752 Projector, film, slide, overhead 743 Radio 847 Razor, shaver 656 Refrigerator (refrigerator/freezer) 895 Sewing machine 866 Smoke or heat detector, fire alarm 748 Stereo equipment 897 Sterilizer 722 Telephone or answering machine 753 Television 868 Thermostat 876 Timer 882 Toy, powered 834 Vacuum cleaner 754 VCR or VCR/TV combo 755 Video game - electronic 218 Wall switch 813 Washer/dryer combo within 1 frame 814 Washing machine - clothes 151 Water heater 237 Work light, trouble light <b>Office Items</b> 721 Adding machine, calculator 723 Cash register 711 Computer 710 Computer device, other 713 Computer modem, external 714 Computer monitor 715 Computer printers 716 Computer projection device, LCD panel 712 Computer storage device, external 724 Copier 263 Extension cord 113 Fan 725 Fax machine 234 Fluorescent lighting fixture, ballast 720 Office equipment, other 726 Paper shredder 226 Uninterrupted power supply (UPS) 722 Telephone or answering machine <b>Industrial/Commercial</b> 450 Laboratory equipment, other 341 Air compressor 365 Bearing or brake 377 Car washing equipment 832 Carpet cleaning equipment 325 Coating machine, incl asphalt saturating 400 Commercial or medical equipment, other 361 Conveyor 260 Cord, plug, other 332 Cutting torch 213 Electric meter, meter box 200 Elec. distribution, power transfer, other 211 Electrical power (utility pole)	212 Elect. service/supply wires from utility 700 Electronic equipment, other 433 Elevator or lift 434 Escalator 500 Gardening tools/agric equipment, other 373 Gas regulator 224 Generator 654 Grease hood/duct exhaust fan 340 Hydraulic equipment, other 352 Incinerator 414 Medical imaging equipment 374 Motor - separate 533 Mulcher, grinder, chipper 442 Photo processing equipment 757 Photographic camera and equipment 850 Portable app. designed to produce heat 261 Power cord, plug, detachable from app. 262 Power cord, plug, permanently attached 314 Power cutting tool 316 Power sander, grinder, buffer, polisher 311 Power saw 310 Power tools, other 752 Projector, film, slide, overhead 344 Pump 417 Radiological equipment, x-ray, therapy 300 Shop or industrial equipment, other 244 Sign 866 Smoke or heat detector, fire alarm 236 Sodium, mercury vapor lighting or lamps 334 Soldering equipment 748 Stereo equipment 897 Sterilizer 418 Sterilizer, medical 124 Stove, heating 848 Sun tanning equipment, sun lamp 227 Surge protector 822 Swimming pool equipment 354 Tar pot, tar kettle 252 Traffic control device 221 Transformer, distribution type 223 Transformer, low voltage 812 Trash compactor 226 Uninterrupted power supply (UPS) 443 Vending machine 331 Welding torch 345 Wet/dry vacuum (shop vac) 214 Wiring from meter box to circuit breaker <b>Kitchen</b> 631 Coffee maker or tea pot 612 Coffee grinder 611 Blender, juicer, food processor, mixer 260 Cord, plug, other 642 Deep fryer 651 Dishwasher	632 Food warmer, hot plate 652 Freezer when separate from refrigerator 653 Garbage disposer 654 Grease hood/duct exhaust fan 655 Ice maker (separate from refrigerator) 633 Kettle 600 Kitchen & cooking equipment, other 644 Microwave oven 645 Oven, rotisserie 635 Pressure cooker or canner 646 Range with or without oven, cooking surface 656 Refrigerator (refrigerator/freezer) 636 Slow cooker 124 Stove, heating 876 Timer 637 Toaster/toaster oven/counter-top broiler 812 Trash compactor 639 Wok, frying pan, skillet <b>Tools &amp; Equipment</b> 643 BBQ, grill, hibachi 522 Chain saw 377 Car washing equipment 832 Carpet cleaning equipment 260 Cord, plug, other 700 Electronic equipment, other 433 Elevator or lift 434 Escalator 833 Floor buffer, waxer, cleaner 500 Gardening tools/agric equipment, other 373 Gas regulator 224 Generator 340 Hydraulic equipment, other 524 Lawn mower 525 Lawn, landscape trimmer, edger 532 Leaf blower 850 Portable app. designed to produce heat 261 Power cord, plug, detachable from app. 262 Power cord, plug, permanently attached 314 Power cutting tool 316 Power sander, grinder, buffer, polisher 311 Power saw 310 Power tools, other 345 Vacuum - Wet/dry 813 Washer/dryer combination within 1 frame 814 Washing machine - clothes 151 Water heater 214 Wiring from meter box to circuit breaker <b>Miscellaneous</b> 333 Burners 400 Commercial or medical equipment, other 210 Electrical wiring, other 219 Ground fault interrupter (GFI) 881 Model vehicles NNN None OOO Other equipment involved in ignition UUU Undetermined -> Consider contacting investigator	861 Automatic door opener - not garage 872 Charcoal lighter 126 Chimney-brick, stone, masonry 127 Chimney-metal, including stovepipe/flue 125 Chimney connector, vent connector 242 Decorative lights, low voltage 243 Decorative/landscape lighting, low voltage 213 Electric meter, meter box 200 Elect. distribution, power transfer, other 211 Electrical power (utility pole) 212 Electrical service/supply wires from util surface 120 Fireplace, chimney 122 Fireplace, factory built 123 Fireplace, insert, stove 121 Fireplace, masonry 100 HVAC, other 821 Hot tub, whirlpool, spa 344 Pump 876 Timer <b>Shop/Garage</b> 377 Car washing equipment 832 Carpet cleaning equipment 260 Cord, plug, other 863 Garage door opener 500 Gardening tools/agric equipment, other 373 Gas regulator 224 Generator 340 Hydraulic equipment, other 524 Lawn mower 525 Lawn, landscape trimmer, edger 532 Leaf blower 850 Portable app. designed to produce heat 261 Power cord, plug, detachable from app. 262 Power cord, plug, permanently attached 314 Power cutting tool 316 Power sander, grinder, buffer, polisher 311 Power saw 310 Power tools, other 345 Vacuum - Wet/dry 813 Washer/dryer combination within 1 frame 814 Washing machine - clothes 151 Water heater 214 Wiring from meter box to circuit breaker <b>Miscellaneous</b> 333 Burners 400 Commercial or medical equipment, other 210 Electrical wiring, other 219 Ground fault interrupter (GFI) 881 Model vehicles NNN None OOO Other equipment involved in ignition UUU Undetermined -> Consider contacting investigator
--	---	--	--	--

## Equipment Power Source (Circle ONE)

12 Batteries and low voltage <50 volts 11 Electrical line voltage >50 volts 10 Electrical, other	20 Gas fuels, other 31 Gasoline 33 Kerosene, diesel fuel, #1 and 2 fuel oil	22 LP gas or other heavier-than-air gas 21 Natural gas or other lighter-than-air gas OO Other power source	41 Wood, paper UU Undetermined
--	---	--	-----------------------------------

Notes

---



---



---



## Structure/Building Data

### Building

Building: Year Constructed <small>(Estimate decade if necessary)</small>	Building: Height (ft)	Building: Number of floors	Building: Main square footage	# of buildings involved in fire	# of units involved in fire
---	-----------------------	----------------------------	-------------------------------	---------------------------------	-----------------------------

<b>STRUCTURE TYPE:</b> <input type="checkbox"/> 4 Air supported structure <input type="checkbox"/> 8 Connective structure <input type="checkbox"/> 1 Enclosed building <input type="checkbox"/> 2 Fixed portable or mobile structure <input type="checkbox"/> 6 Open platform <input type="checkbox"/> 3 Open structure <input type="checkbox"/> 5 Tent <input type="checkbox"/> 0 Structure type, other	<b>ROOF COVERING:</b> <input type="checkbox"/> 1 Tile (Clay, cement, slate, etc) <input type="checkbox"/> 2 Composition shingles / shake <input type="checkbox"/> 6 Metal <input type="checkbox"/> 7 Built up felts, fabric or mats <input type="checkbox"/> 8 Structure without a roof <input type="checkbox"/> 9 Roof covering not classified <input type="checkbox"/> 0 Roof covering undetermined	<b>STRUCTURE STATUS:</b> <input type="checkbox"/> 7 Being demolished <input type="checkbox"/> 3 Idle, not routinely used <input type="checkbox"/> 2 Normal use (includes briefly unoccupied/closed at the time of incident) <input type="checkbox"/> 1 Under construction <input type="checkbox"/> 4 Under major renovation <input type="checkbox"/> 5 Vacant and secured <input type="checkbox"/> 6 Vacant and unsecured <input type="checkbox"/> 10 Other <input type="checkbox"/> UU Undetermined
--	--	---

### Occupancy Type (Circle ONE)

A1 Assembly room with stage for 1000 or more A2 Assembly room with stage for less than 100 A21 Assembly room without stage for 300 or > A3 Assembly room without stage for less < 300 A4 Stadium, review stand, parking structure B Building, professional or eating/drinking < 50 E1 Educ. building for 50 or more thru grade 12 E2 Educ. building for less than 50 thru grade 12 E3 Day-care building or portion of; for > 6 F1 Moderate hazard factory/industrial	F2 Low hazard factory/industrial H1 Occupancy with high explosion hazard (FIREWORKS) H2 Occupancy with moderate explosion hazard H3 Occupancy with high fire hazard H4 Garage with repair work, non group S DIV 3 H5 Aircraft repair hangar, non group S DIV 5 H6 Semiconductor fabrication facility H7 Occupancy with health hazard I11 Nursery full-time under age six; non-amb.	I12 Ambulatory surgical center > 5; outpatient I2 Nursing home for > 5 over age 6; ambulatory I3 Mental hospital, sanitarium, jail, prison M Display/sale of merch. accessible to public R1 Condominium, Townhome, Apartment, Hotel, Motel, Triplex + R21 Res. care facility elderly, non-ambulatory R22 Res. care facility elderly, ambulatory R3 Single family residence, or duplex only R6 Halfway house residential group care facility	R61 Halfway house for non-ambulatory R62 Halfway house for ambulatory residents S1 Mod. hazard storage used for combustibles S2 Low hazard storage used for non-comb. S3 Repair garages no open flame/welding S4 Open parking garages S5 Aircraft hangers and helistops U1 Private garage, carport, shed & agric. bldg U2 Fences over 6 feet, tanks and towers
---	--	---	--

### Smoke Alarms

<b>Smoke Alarms Present</b> <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but greater than ten yrs old <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Type</b> <input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combo <input type="checkbox"/> Undetermined <b>Power Supply</b> <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired <input type="checkbox"/> Battery & Hardwired <input type="checkbox"/> Undetermined	<b>Effectiveness</b> <input type="checkbox"/> 1. Alerted occupants, occupants responded <input type="checkbox"/> 2. Alerted occupants, occupants failed to respond <input type="checkbox"/> 3. There were no occupants <input type="checkbox"/> 4. Failed to alert occupants <input type="checkbox"/> U. Undetermined	<b>If Smoke Alarm failed, identify reason:</b> <input type="checkbox"/> 1. Power failure <input type="checkbox"/> 2. Improper installation/placement <input type="checkbox"/> 3. Defective <input type="checkbox"/> 4. Lack of maintenance—includes not cleaning <input type="checkbox"/> 5. Battery missing or disconnected <input type="checkbox"/> 6. Battery discharged or dead <input type="checkbox"/> 0. Unknown reason for failure, other <input type="checkbox"/> U. Undetermined
---	--	--

### Automatic Extinguishing Systems (AES)

<b>AES Type</b> <input type="checkbox"/> 1. Wet Pipe <input type="checkbox"/> 7. Carbon Dioxide <input type="checkbox"/> 2. Dry Pipe <input type="checkbox"/> 0. Other <input type="checkbox"/> 3. Other sprinkler sys. <input type="checkbox"/> UL 300 <input type="checkbox"/> 4. Dry chemical <input type="checkbox"/> _____ <input type="checkbox"/> 5. Foam <input type="checkbox"/> 6. Halogen <input type="checkbox"/> No AES present Number of heads activated: _____	<b>AES Operation</b> <input type="checkbox"/> 1. System operated and effective <input type="checkbox"/> 2. System operated and not effective <input type="checkbox"/> 3. Fire too small to activate system <input type="checkbox"/> 4. System did not operate <input type="checkbox"/> 5. U Undetermined	<b>If AES failed, identify reason:</b> <input type="checkbox"/> 1. System shut off <input type="checkbox"/> 2. Not enough agent <input type="checkbox"/> 3. Did not reach fire <input type="checkbox"/> 4. Inappropriate system for fire <input type="checkbox"/> 5. Fire not in area protected by the system <input type="checkbox"/> 6. System damaged <input type="checkbox"/> 7. Lack of maintenance <input type="checkbox"/> 8. Manual intervention defeated system <input type="checkbox"/> 9. Other <input type="checkbox"/> U. Undetermined
--	---	---

### Building Construction

<b>Did the building design / construction aid the fire spread?</b> (multiple selections) <input type="checkbox"/> 1. Construction/Installation (e.g. no fire stops in attic/incomplete fire walls) <input type="checkbox"/> 2. Design (e.g. open vertical shaft, light weight trusses) <input type="checkbox"/> 3. None <input type="checkbox"/> 4. Undetermined <input type="checkbox"/> 5. Other: _____	<b>Did building construction review/oversight process contribute to fire?</b> (multiple selections) <input type="checkbox"/> 1. Codes & Regulations <input type="checkbox"/> 2. Inspection <input type="checkbox"/> 3. Plan Review <input type="checkbox"/> 4. None <input type="checkbox"/> 5. Undetermined	<b>Did a building modification add to the fire spread?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined Describe how: _____ _____	<b>If YES to previous question, answer the following:</b> <b>Were their modifications to code?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undetermined <b>When did the modifications occur?</b> <input type="checkbox"/> 1. During initial construction <input type="checkbox"/> 2. During remodel <input type="checkbox"/> 3. Undetermined
--	---	--	---

<b>What is the building spacing between nearest structure?</b> <input type="checkbox"/> 1. Zero to six feet <input type="checkbox"/> 2. Seven to fifteen feet <input type="checkbox"/> 3. Greater than fifteen	<b>In what way did contents contribute to fire spread?</b> (multiple selections) <input type="checkbox"/> 1. High fuel load <input type="checkbox"/> 2. Improper storage <input type="checkbox"/> 3. None <input type="checkbox"/> 4. Undetermined
---	--

**Notes**

---



---



---



---



---



---



---



---



---



---



## Damage Estimator

### Insurance Information

Structure: Insurance Agency	Structure: Policy Number	Structure: Contact / Phone #
Contents: Insurance Agency	Contents: Policy Number	Contents: Contact / Phone #

### Structural Loss

Square Footage Damaged/Destroyed		
Building Length (Feet)	1.	5. Multiply (1) X (2) X (3) X (4) = Sq footage damaged
Building Width (Feet)	2.	
Number of stories	3.	
Percent of structure damaged (e.g. .50, .75)	4.	
Construction cost per square foot		
Occupancy Type (e.g. A, B, R)	6.	8. Find cost per square foot in table on page 12 using the values from (6) and (7)
OCFA Construction Type (e.g. 1, 2, or 3)	7.	
<b>Total Structure Loss</b>		9. Multiply (5) X (8)

Table of Common Values				
	Smoke Damage Only	Water or Heat Damage	Framing Burned	For High-grade add
Roof Fire			\$25,000	
Exterior Wall		\$3,000	\$7,500	
Garage (22' x 22')	\$2,500	\$14,500	\$20,000	
Kitchen (12' x 15')	\$6,000	\$33,000	\$36,000	\$8,500
Living Room/Den/Dining (15' x 15')	\$5,000	\$14,500	\$15,500	\$3,500
Master Bedroom (14' x 14')	\$3,500	\$11,000	\$14,000	\$1,200
Bedroom (12' x 12')	\$3,500	\$8,500	\$11,000	\$1,200
Bathroom (9' x 5')	\$1,800	\$12,000	\$14,000	\$3,500
Entry/hallway (8' x 5')	\$3,500	\$5,000	\$5,500	\$2,000
Ventilation cut (per hole) -- \$12,000				

### Contents Loss

High-end property/contents	.75	1. Multiply FACTOR X Total Structure Dollar Loss
Ordinary property/contents	.50	

High Valued Items		
	\$	2. Sum of all high valued items
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Contents/Property Loss</b>		3. Add (1) + (2)

## Square Foot Construction Costs (California)

Group		1	2	3
<b>A</b>	Assembly	\$236	\$200	\$183
<b>B</b>	Business	\$185	\$148	\$130
<b>E</b>	Educational	\$198	\$164	\$143
<b>F</b>	Factory and industrial	\$110	\$84	\$70
<b>H</b>	High Hazard	\$185	\$148	\$130
<b>I</b>	Institutional	\$310	\$273	\$255
<b>M</b>	Mercantile	\$136	\$109	\$94
<b>R</b>	Residential	\$186	\$154	\$138
<b>S</b>	Storage	\$102	\$77	\$62
<b>U</b>	Utility, miscellaneous	\$80	\$59	\$46

**OCFA Construction Types:**

- |          |                 |  |
|----------|-----------------|--|
| <b>1</b> | Non-combustible | Non-combustible building construction.<br>Example: Buildings over 55 feet  |
| <b>2</b> | Ordinary        | Exterior walls are non-combustible (tilt-up) & the interior walls are any material allowed by the code.<br>Examples: Concrete tilt up, big box stores such as a Costco, Lowes, or Wal-Mart |
| <b>3</b> | Non-rated       | Exterior Walls are any approved building material.<br>Examples: Single family dwellings, condominiums, apartments, townhomes, and strip malls  |

### Mobile/Vehicle Property Data

Make / Model	Year	Color	VIN #
Registered Owner: Name	Registered Owner: Address	Registered Owner: Home Phone:  Cell Phone:	Registered Owner: Date of Birth:  Driver's License:
Operator: Name	Operator: Address	Operator: Home Phone:  Cell Phone:	Operator: Date of Birth:  Driver's License:
Odometer	Insurance Company:  Policy# :	<u>Owner present at time of fire?</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown	<u>Mobile Property Involvement</u> <input type="checkbox"/> 1. Not involved in ignition, but burned <input type="checkbox"/> 2. Involved in ignition but did not itself burn <input type="checkbox"/> 3. Involved in ignition and burned <input type="checkbox"/> N. None

#### Mobile Property Type (Circle ONE)

11 Automobile, passenger car, ambulance 41 Boat, shorter than 65 ft with power 12 Bus, school bus, trackless trolley 48 Commercial fishing or processing vessel 61 Construction vehicle 20 Freight road transport vehicle, other	27 Garbage, waste, refuse truck 21 General use truck, dump truck, fire apparatus 22 Hauling rig (non-motorized), pickup truck 71 Home, garden vehicle 60 Industrial, construction, agric vehicle, other 63 Loader - industrial, fork lift, tow motor, stacker	17 Mobile home 14 Motor home, camper, bookmobile 18 Motorcycle, trail bike 13 Off-road recreational vehicle 10 Passenger road vehicle, other 51 Personal aircraft less than 12,500 lb gross wt	45 Personal water craft 73 Shipping container, mechanically moved 23 Trailer - semi, designed for freight 15 Trailer - travel, designed to be towed OO Mobile property, other NN None
---	--	---	--

#### Events Preceding Fire

_____ _____ _____ _____ _____ _____
--

#### Location of Vehicle Notes

_____ _____ _____ _____ _____ _____
--

#### Exterior Notes

_____ _____ _____ _____ _____ _____
--

#### Engine Compartment Notes

_____ _____ _____ _____ _____ _____
--

#### Passenger Compartment Notes

_____ _____ _____ _____ _____ _____
--

**Personal Belongings & Contents Notes**

---

---

---

---

---

---

---

---

**Law Enforcement Notes**

---

---

---

---

---

---

---

---