

**LAFAYETTE TOWNSHIP FIRE DEPARTMENT
FIRE INVESTIGATION
FIREFIGHTER/ POLICE OFFICER OBSERVATION REPORT**

Lafayette Township Fire Department

REPORT OF FIRE INVESTIGATION		Date of Fire:	Page 1	of	Case No.
Location of Fire:			City:		County:
Victim Name/Incorporated Business			Investigator:		
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 investigation? If yes, Please explain.	
Where any other Firefighters or Police officers on the scene when you arrived? <input type="checkbox"/> YES <input type="checkbox"/> CheckBox2	If yes , Please Identify:
I arrived at the scene From the : <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West	

Fire Conditions:

What was the color of the smoke?	From which side of the structure was the most amount of smoke coming from: <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Roof	
Did you see flames? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, what color were the flames? <input type="checkbox"/> Faint Red <input type="checkbox"/> Red – visible in day light <input type="checkbox"/> Blood Red <input type="checkbox"/> Dark Cherry Red <input type="checkbox"/> Medium Cherry Red <input type="checkbox"/> Cherry Red	<input type="checkbox"/> Bright Red <input type="checkbox"/> Salmon Red <input type="checkbox"/> Orange <input type="checkbox"/> Lemon <input type="checkbox"/> Light Yellow <input type="checkbox"/> White <input type="checkbox"/> Blue White
Where was the lowest point of burning that you saw?	In what part of the structure was the greatest amount of fire: <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Roof	
Did you Check any doors? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, which ones, and were they locked or unlocked, open or closed?	
Did you check any windows? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, which ones, and were they broken, open or closed, where was most of the glass- inside or outside?	
Did you Smell anything unusual? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, describe the odor:	
Were any areas more difficult to put out than others? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, describe the location(s):	

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Additional Information:

Was anyone other than fire or police personnel there when you arrive?
 YES No

If yes, did you have any conversation with them and if so describe what was said:

Did you notice anything unusual outside the structure?
 YES No

If yes, describe what you seen:

Did you notice anything unusual outside the structure?
 YES No

If yes, describe what you seen:

Did you have any conversations with the owner of the property before, during, or after the fire?
 YES No

If yes, describe what was said:

Please use the remaining space to include information about the property before, during or after the fire that may be relevant to the investigation?

Please sign and complete this information and return it to the investigator:

Name	Date:
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Flame Color Reference			
Faint red – 900 F Red – 975 F Blood Red F	Dark Cherry Red - 1175 F Medium Cherry Red – 1250 F Cherry Red – 1365 F Bright Red – 1550 F	Salmon Red -1650 F Orange -1725 F Lemon 1825 F Light Yellow – 1975 F	White - 2200 F Blue White - 2550