

Property Owner Information

Extended form B

Learned of fire	A) How :	B) Time :	C) Where were you :
Last in Premise	A) Time :	B) Day:	C) Why:
Any one with you? <input type="checkbox"/> YES <input type="checkbox"/> NO		Who? Name :	
		Phone number:	
Was Doors Locked? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any difficulties:		
Alarm System <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Electrical Wiring ? (if so Where?) _____		
Alarm System Active <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Appliances? (Which ones?) _____		
What Type of Alarm System: _____	<input type="checkbox"/> Machinery? _____		
Any other fires in the structure? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Potential Sources of Heat Energy? _____		
Every Experienced other fire losses? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fire place in use <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Exinction Cords <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Ever filed Bankruptcy <input type="checkbox"/> YES <input type="checkbox"/> NO	Gas Logs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Candles <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Furnace <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Electric Blanket <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Space heater <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
	Cooking <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Structural Information			
Location of Flammables: _____			
Any other Known Fire Hazards? _____			
Any Alterations done to structure? _____			
Any other information you wish to give the Investigator:			
Did you set the fire <input type="checkbox"/> YES <input type="checkbox"/> NO			
X			
Investigator			
X			