

# Lafayette Township Fire Department

<b>REPORT OF FIRE INVESTIGATION</b>	Date of Fire:	Page 1	of 9	Case No.
	Location of Fire:	City:	County:	
Victim Name/Incorporated Business	Investigator:			
Date Assigned:	Date Investigation Began:			

## Property Owner:

Owner's Name:	Owner's Telephone:		
Owner's Address:			
City:	State: IN.	Zip Code:	
Insurance Company:	Policy Number:		
Insurance Agent:	Insurance Agent's Telephone:		
Insurance Adjuster:	Insurance Adjuster's Telephone:	Claim Number:	
Building Coverage:	Contents Coverage:		
Mortgage Company:	Monthly Payments:	Current?:	

## Occupant:

Occupant's Name:	Occupant's Telephone:		
Occupant's Address:			
City:	State:	Zip Code:	
Insurance Company:	Policy Number:		
Insurance Agent:	Insurance Agent's Telephone:		
Insurance Adjuster:	Insurance Adjuster's Telephone:	Claim Number:	
Building Coverage:	Contents Coverage:		
Mortgage Company:	Monthly Payments:	Current?:	

Supervisor:	Date:
-------------	-------

# Lafayette Township Fire Department

## REPORT OF FIRE INVESTIGATION

Date of Fire:	Page 2	of 9	Case No.
Location of Fire:	City:	County:	
Victim Name/Incorporated Business	Investigator:		

### Business:

Owner's Name:	Owner's Telephone:		
Owner's Address:			
City:	State:	Zip Code:	
Insurance Company:	Policy Number:		
Insurance Agent:	Insurance Agent's Telephone:		
Insurance Adjuster:	Insurance Adjuster's Telephone:	Claim Number:	
Building Coverage:	Contents Coverage:		
Mortgage Company:	Monthly Payments:	Current?:	

### Investigation:

Date of Fire:	Day of Week:	Time:	FD Arrival Time:
Did FD Respond?:	Fire Department Name & Address:		
O.I.C. Name:	Telephone:		
How long was Fired Dept. on the Scene Before 90% of Fire was Extinguished?:			
First FF/PO on Scene:	Department:		
First FF in on Interior Attack:	Department:		
Request Made by:	Telephone:		
Requesting Person's Department:	Address:		
Fire Location:			
County of Occurrence:	UCR Code:	NFIRS Code:	
Cause of Fire:			
Building Damage Estimate:	Contents Damage Estimate:		
Date of Scene Exam	Time of Scene Exam	Date of Scene Exam	Time of Scene Exam

# Lafayette Township Fire Department

## REPORT OF FIRE INVESTIGATION

Date of Fire:	Page 3	of 9	Case No.
---------------	-----------	---------	----------

Location of Fire:	City:	County:
-------------------	-------	---------

Victim Name/Incorporated Business	Investigator:
-----------------------------------	---------------

### Witnesses:

Incident Discovered by:	Telephone:
-------------------------	------------

Address:	City:	State:	Zip Code:
----------	-------	--------	-----------

Incident Reported by:	Telephone:
-----------------------	------------

Address:	City:	State:	Zip Code:
----------	-------	--------	-----------

### Weather:

Approximate Temp.:	Wind Direction:	Wind Speed: (mph)	Lightning?:
--------------------	-----------------	-------------------	-------------

Other:
--------

### Fatalities:

Name/Address:	D.O.B.:	S.S.N.:
---------------	---------	---------

Name/Address:	D.O.B.:	S.S.N.:
---------------	---------	---------

Name/Address:	D.O.B.:	S.S.N.:
---------------	---------	---------

Name/Address:	D.O.B.:	S.S.N.:
---------------	---------	---------

Name/Address:	D.O.B.:	S.S.N.:
---------------	---------	---------

### Injuries:

(Status, C=Civilian, F=Firefighter, P=Police Officer)

Name/Address:	D.O.B.:	S.S.N.:	Status:	Description:
---------------	---------	---------	---------	--------------

Name/Address:	D.O.B.:	S.S.N.:	Status:	Description:
---------------	---------	---------	---------	--------------

Name/Address:	D.O.B.:	S.S.N.:	Status:	Description:
---------------	---------	---------	---------	--------------

### Structure Information

Type / Construction of Building:	Building Faced:
----------------------------------	-----------------

FD Method of Entry: (open,forced, shut/unlocked)	Forcible Entry other than FD?:	Any Signs of Explosion?:
--	--------------------------------	--------------------------

# Lafayette Township Fire Department

## REPORT OF FIRE INVESTIGATION

Date of Fire:	Page 4	of 9	Case No.
Location of Fire:		City:	County:
Victim Name/Incorporated Business		Investigator:	

*Describe any other significant observations made outside the structure in the summary.*

Utilities-Electrical Service Entrance:	On?:
Fuel Oil Supply Entrance:	On?:
LP Gas Supply Entrance:	On?:
Natural Gas Supply Entrance:	On?:

*Any problems found with the above items should be noted in the summary.*

Panel Box Location:	Type:	Any Tripped?:
Location:	Eliminated?:	Eliminated How?:
Furnace Location:	Type:	
Eliminated?:	Eliminated How?:	
Cooling Plant Location:	Type:	
Eliminated?:	Eliminated How?:	
Water Heater Location:	Type:	
Eliminated?:	Eliminated How?:	
Any Other Relevant Heating or Electrical Equipment Location:		
Eliminated?:	Eliminated How?:	

*Any problems found with the above items should be noted in the summary.*

Fire Detection & Protection Systems:	Smoke Alarms:	Sprinklers:	Heat Detectors:
Automatic Fire Alarm System:	Security Service:	Other:	
Where did you First Enter the Structure?:			
Observations:			
Rooms with No Fire Damage:			
Rooms with Fire Extension from Area of Origin:			

# Lafayette Township Fire Department

## REPORT OF FIRE INVESTIGATION

Date of Fire:	Page 5	of 9	Case No.
Location of Fire:		City:	County:
Victim Name/Incorporated Business		Investigator:	

### Area of Origin:

Location:	Type of Wall Covering:
Type of Ceiling:	Description of Floor:

### Personnel Assisting with Fire Scene Examination:

Name:	Department:
Name:	Department:
Name:	Department:
Name:	Department:
Name:	Department:
Name:	Department:

### Local Investigators Assigned:

Name:	Department/Address:
Telephone:	Case No:
Name:	Department/Address:
Telephone:	Case No:

### Other Outside Agency:

Agency Name:	
Name:	Telephone:

### Coroner:

Name:	County:	Telephone:
-------	---------	------------

### Deputy State Fire Marshals Assisting:

Name:	Name:
Name:	Name:

# Lafayette Township Fire Department

## REPORT OF FIRE INVESTIGATION

Date of Fire:		Page 6	of 9	Case No.
Location of Fire:		City:		County:
Victim Name/Incorporated Business			Investigator:	

### Still Photographs Take By:

Name:	Department:
Name:	Department:
Name:	Department:

### Video Taken By:

Name:	Department:
Name:	Department:

Were all Accidental Causes Eliminated in the Area of Origin:	Possible Motive:
--	------------------

### Suspect / Arrest Information

Suspect/Name & Address				DOB		SSN	
Descriptions/Sex/Race/Hgt/Wgt/Hair/Eyes/Scars, Tattoos/Clothing							
Arrested?	Mug No.?	Complaint & Summons Ticket #	Prints?	Crim. Check?	Tech. P.E.	Prop Form #	
Suspect/Name & Address				DOB		SSN	
Descriptions/Sex/Race/Hgt/Wgt/Hair/Eyes/Scars, Tattoos/Clothing							
Arrested?	Mug No.?	Complaint & Summons Ticket #	Prints?	Crim. Check?	Tech. P.E.	Prop Form #	
Suspect/Name & Address				DOB		SSN	
Descriptions/Sex/Race/Hgt/Wgt/Hair/Eyes/Scars, Tattoos/Clothing							
Arrested?	Mug No.?	Complaint & Summons Ticket #	Prints?	Crim. Check?	Tech. P.E.	Prop Form #	
Suspect/Name & Address				DOB		SSN	
Descriptions/Sex/Race/Hgt/Wgt/Hair/Eyes/Scars, Tattoos/Clothing							
Arrested?	Mug No.?	Complaint & Summons Ticket #	Prints?	Crim. Check?	Tech. P.E.	Prop Form #	

# Lafayette Township Fire Department

## REPORT OF FIRE INVESTIGATION

Date of Fire:	Page 7	of 9	Case No.
---------------	-----------	---------	----------

Location of Fire:	City:	County:
-------------------	-------	---------

Victim Name/Incorporated Business	Investigator:
-----------------------------------	---------------

### Vehicle Involved:

Vehicle Involved?	Make	Year	Color	Lic. No.	Lic. St.	Lic. Yr.	VIN
Name of Owner					Address		
Where Held							

### Evidence / Articles Taken:

Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:
Description:	Date:

Taken By:	Department:
-----------	-------------

Copy of Report Given To:	Department:
Copy of Report Given To:	Department:
Copy of Report Given To:	Department:

**Lafayette Township Fire Department**

**REPORT OF FIRE INVESTIGATION**

Date of Fire:	Page 8	of 9	Case No.
Location of Fire:		City:	County:
Victim Name/Incorporated Business		Investigator:	

**Case Status:** Active:  Inactive:  Open:  Closed:

Explanation:

Signature of Investigator:

*Robert W. Dean*

**Note to Fire Department and/or Police Department:**

A copy of this report is being given to you as a courtesy from the Office of the Fire Chief. The information contained in this report is strictly confidential. Please direct all inquiries to the attention of the Fire Chief. This report is not to be copied without the written permission of the Lafayette Township Fire Chief. Thank you for your cooperation.

*Lafayette Township Fire Chief*

Notes:



***Lafayette Township Fire Department***

<b>REPORT OF FIRE INVESTIGATION</b>	Date of Fire:	Page 9	of 9	Case No.
	Location of Fire:	City:		County:
Victim Name/Incorporated Business		Investigator:		

**ORIGIN AND CAUSE NARRATIVE:**