BRAZOS COUNTY PRECINCT 4 FIRE DEPARTMENT

FIELD WORKSHEET FOR FIRE INVESTIGATION

Date of Fire:	Inciden	t Number:	Time of Incident:	
Location of Incident:			Type of Incident:	
Weather Conditions:	_ Delays in Response:			
	Report Completed By:			
First Unit of Scene:				
Name of Occupant:	Phone Number:			
Name of Owner:		Address:		
			Phone Number:	
			Phone Number:	
			Agent:	
Witness Names:			Phone Number:	
Address:				
Statements:				
	Phone Number:			
Address:				
Scene Summary:				
Age of structure				
Use/Occupancy		Type of Neigh	borhood	
Vacant/Occupied		Repairs/Maint	enance	
Utilities:				
			Water Action by FD	
			_ Status when incident over	
Action by F.D.:				
Area Damaged by Fire:				
Area Damaged by Heat & Smoke:				
Area Damaged by Water:				
Exposures Damaged:				
Injuries / Fatalities:				
Area of Origin:			Point of Origin:	
Initial Impression of fire cause:				
Why?				