|  |  |
| --- | --- |
| If non-suspicious fire, not for Police Use. Tick Box  |  |

**ADMIN. REF. NO.**

|  |
| --- |
|  |

**PREMISES FILE NO.**

|  |
| --- |
|  |

###### ESSEX COUNTY FIRE AND RESCUE SERVICE

###### FIRE INVESTIGATION REPORT – LEVEL 2

###### To be completed by FIRE INVESTIGATION OFFICER

|  |  |  |
| --- | --- | --- |
| **Note:** All Sections to be Signed | Coding: |  |
|  |  |  |
| Address:  |  |
| Type of property: |  |
| Incident No: |  |
| FIRE SERVICE | POLICE |
|  |
| Date and Time of Call: |  | *Note: F.S. Officer to insert details where available* |
| Division: |  | Division: |  |
| Stn. Name and No: |  | Reference No: |  |
| O/i/C of initial attendance & Service No: |  | O/i/C of Case: |  |
| O/i/C of Incident &Service No: |  | Scenes of Crime Officer: |  |
| Brigade FI Officer &Service No: |  | H.O. Forensic Scientist: |  |

This should be a reasoned account of events and a summary of sufficient details to give a concise picture to the reader of the circumstances and should include the following headings:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| THE BUILDING | Use: | ....... | Size: ....... m | x | ....... m | No. of Floors | ....... |
| CONSTRUCTION |  |  |  |  |  |  |  |
|  | External Walls |  | Floor | Roof  |  |
|  | Internal Walls |  | Floor | Ceiling |  |

Additional Information

Signature: ................................................................... Date: ........../ ........../ ..........

### SEQUENCE OF EVENTS:

### THE FIRE:

Signature: ................................................................... Date: ........../ ........../ ..........

###  FATALITY/CASUALTY: YES / NO

###

###

### DETAILS:

### THE INVESTIGATION:

Signature: ................................................................... Date: ........../ ........../ ..........

### FIRE INVESTIGATION (Continued)

Signature: ................................................................... Date: ........../ ........../ ..........

### PHOTOGRAPHIC/VIDEO EVIDENCE TAKEN BY ECFRS PERSONNEL:

### YES / NO

### LOCATION OF EVIDENCE IF REQUIRED FOR EXAMINATION:

### CONCLUSION:

These observations are made as a result of my examination of the scene and information made available to me at this time. Subsequent information, evidence or laboratory tests may reveal aspects that may have a bearing on this report.

Signature: ................................................................... Date: ........../ ........../ ..........

### CONTINUATION SHEET

### HEADING

Signature: ................................................................... Date: ........../ ........../ ..........

### SKETCH PLAN (to be completed in ink)

Signed .......................................

Rank .......................................

Date .......................................