|  |  |
| --- | --- |
| 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 .......................................