

APPENDIX D
FIRE INVESTIGATION FORMS



PRELIMINARY FIRE INVESTIGATION

Montana Department of Natural Resources and Conservation Fire and Aviation Bureau
 F-1004 (Rev.7/2005) Page of

Q	S	T	R	Area	Unit	Incident #					
Estimated Start		Reported		Address			Fire Name				
Date		Date									
Time		Time		City		Location		Other Fire Numbers			
What Burned?				Acres Burned							
Reporting Party											
Codes: 'V' Victim 'W' Witness 'S' Suspect 'T' Tenant/Owner											
Code:	Name:			Drivers Lic. ID #		Sex	Hair	Eyes	Hgt.	Wt.	DOB/Age
Address:				City			State		Telephone		
Code:	Name:			Drivers Lic. ID #		Sex	Hair	Eyes	Hgt.	Wt.	DOB/Age
Address:				City			State		Telephone		
Code:	Name:			Drivers Lic. ID #		Sex F	Hair	Eyes	Hgt.	Wt.	DOB/Age
Address:				City			State		Telephone		
Code:	Name:			Drivers Lic. ID #		Sex	Hair	Eyes	Hgt.	Wt.	DOB/Age
Address:				City			State		Telephone		
Statutes or Administrative Rules Violated:											
Wind speed/Direction	Temp At		Humidity		Photos?		Taken by whom?		Name		
					Yes <input type="checkbox"/>						
Gusts To					No <input type="checkbox"/>		Date		Time		
Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Company/Agent				F-1004 Rev 7/2005				

General Remarks (such as statements, observations, license numbers, equipment ID, evidence etc.):			
Before firefighters arrived, what suppression efforts, if any, were taken?		By Whom?	
		What Tools?	
What Caused the Fire? (State opinions and conclusions)			
Debris Burning: Did the fire escape control <input type="checkbox"/> Yes <input type="checkbox"/> No		Burn permit? <input type="checkbox"/> Yes # <input type="checkbox"/> No	Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Piled Debris <input type="checkbox"/> Machine <input type="checkbox"/> Hand	Length/Diameter:	Width:	Height:
<input type="checkbox"/> Incinerator	Clearance:	Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Screen mesh size:
Railroad: Fire Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maintained <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership	Train Number
Time Passed:	Direction of travel:	Milepost number:	
Power line: Pole ID#	<input type="checkbox"/> +750 volts <input type="checkbox"/> -750 volts	Tree Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance of limbs to conductor:	Utility Representative:	Conductor Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:			
Did the fire burn the property of others? <input type="checkbox"/> Yes <input type="checkbox"/> No		Action Taken	Investigation Continued <input type="checkbox"/>
See Supplement: <input type="checkbox"/> Yes <input type="checkbox"/> No		None <input type="checkbox"/>	
Signature	Printed Name	Criminal <input type="checkbox"/>	Civil Litigation <input type="checkbox"/>
Title:	Date:	Judicial <input type="checkbox"/>	Administrative <input type="checkbox"/>



PRELIMINARY FIRE INVESTIGATION

Montana Department of Natural Resources and Conservation Fire and Aviation Bureau
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Supplemental Form

Incident Number	Fire Number	Fire Name	
Signature	Printed Name	Title	Date

FIRE INVESTIGATION REPORT

WHEN SUBMITTED: Following it's use by a fire investigator.

NUMBER OF COPIES: One copy (original retained by the fire investigator). Additional copies may be made upon request for Unit, Land Office or Forestry Division.

GENERAL DESCRIPTION OF THE FORM: This is a field form used by fire investigators during the course of a preliminary fire investigation. It provides the necessary information for documentation of the fire and serves as a source document should a fire require further investigation.

DETAILED INSTRUCTIONS TO COMPLETE THE FORM:

Q: ¼ ¼ of section where fire started.

S: Section where fire started.

T: Township where fire started.

R: Range where fire started.

AREA: Area (Land Office) with protection.

UNIT: Unit with protection.

INCIDENT #: Unit fire number.

ESTIMATED START & REPORTED: Date (month, day, year) and time (24 hour). Double check to see that the date and time correspond with those on the F-1000 and F-900.

ADDRESS, CITY & LOCATION: Give the address (if available) city and general location of the fire. Can be continued in the general comments section.

FIRE NAME & OTHER FIRE NUMBERS: Self-explanatory, must be the same name as appears on F-1000 and F-900.

WHAT BURNED: Brief description of what was burned. This information should correspond with the F-1000, i.e.: grass, timber, one barn, vehicle 1995 Chevy pickup, etc.

REPORTING PARTY: This is very important for follow up information. Get the full name of the reporting party, mailing address, and all available phone numbers.

CODES: These are used to identify the names in the following boxes.

CODE: Use the appropriate code to identify the person.

NAME, DRIVERS LIC. ID #, SEX, HAIR, EYES, HGT. WT. DOB/AGE: Try to detail as much information as possible to aid in follow up information. Multiple copies of this page may be used if there are multiple witness, suspects or victims, the general comments box may also be used.

STATUTES OR ADMINISTRATIVE RULES VIOLATED: List statutes or administrative rules that were violated in the ignition or escape of this fire.

WIND SPEED/DIRECTION: Self-explanatory, be sure to note the time and date the weather observations were taken. Include all observations taken by the initial attack responders in the general comments section or in their statement(s).

PHOTOS: If photos were taken by a private citizen be sure to get their name, address and phone number. Assure the person that the DNRC will replace the film, pay for the processing and only keep the fire portion of the film.

INSURED: If the party was insured list the company and agent.

GENERAL REMARKS: Any information that does not fit into other blocks on this form, or continuations from other blocks should be listed in this section.

BEFORE FIREFIGHTERS ARRIVED, WHAT SUPPRESSION EFFORTS, IF ANY WERE TAKEN: This can be very important. When possible substantiate with statements from witnesses.

WHAT CAUSED THE FIRE: State your opinion. Utilize the information in other blocks, and from statements to create a negative corpus, eliminate all other causes.

DEBRIS BURNING: If the fire is determined to be a debris burning fire, fill the blanks in this section. These blocks will aid in determining follow up action or billing.

RAILROAD: If the fire is determined to be a railroad fire, fill the blanks in this section. These blocks will aid in determining follow up action or billing.

POWERLINE: If the fire is determined to be a powerline fire, fill the blanks in this section. These blocks will aid in determining follow up action or billing.

REMARKS: Use this section to provide comments that may be used to support your conclusion or to support possible billing actions.

DID THE FIRE BURN THE PROPERTY OF OTHERS: If yes the owner(s) should be listed as victims on page one.

ACTION TAKEN: Check the appropriate box.

SEE SUPPLEMENT: Check if supplemental form F-1004a or other documents are used.

SIGNATURE: Sign, print name, date and include your title.

WHEN FORM IS COMPLETED: Keep original, copies may be routed to, unit, land office, and bureau.

PHOTO LOG

Roll Number _____ Date _____

Photographer _____

Incident _____ Incident Number _____

Frame #	Frame #
Item	Item
Time	Time
F-stop and shutter speed	F-stop and shutter speed
Distance and Azimuth From:	Distance and Azimuth From:
RP1	RP1
RP2	RP2
RP3	RP3
Frame #	Frame #
Item	Item
Time	Time
F-stop and shutter speed	F-stop and shutter speed
Distance and Azimuth From:	Distance and Azimuth From:
RP1	RP1
RP2	RP2
RP3	RP3
Frame #	Frame #
Item	Item
Time	Time
F-stop and shutter speed	F-stop and shutter speed
Distance and Azimuth From:	Distance and Azimuth From:
RP1	RP1
RP2	RP2
RP3	RP3
Frame #	Frame #
Item	Item
Time	Time
F-stop and shutter speed	F-stop and shutter speed
Distance and Azimuth From:	Distance and Azimuth From:
RP1	RP1
RP2	RP2
RP3	RP3
Frame #	Frame #
Item	Item
Time	Time
F-stop and shutter speed	F-stop and shutter speed
Distance and Azimuth From:	Distance and Azimuth From:
RP1	RP1
RP2	RP2
RP3	RP3

PHOTO LOG

WHEN SUBMITTED: Not submitted, filed with case photos.

NUMBER OF COPIES: As Needed.

GENERAL DESCRIPTION OF THE FORM: This is a field form used by Fire Investigators to document photographic information pertaining to a fire, which is under investigation.

DETAILED INSTRUCTIONS TO COMPLETE THE FORM:

Roll Number: Insert roll number i.e. Roll #1

Date: Self-explanatory

Photographer: Insert the name of the person taking the pictures on a roll of film.

Frame Number: Insert the number of each frame as indicated by the camera.

Item: A brief description of the item the photograph is intended to show.

Time: Record the time of day the photograph was taken. (Note: some digital cameras will record this automatically)

F-Stop and Shutter Speed:
Record the f-stop and shutter speed used for each frame. (Note: some digital cameras will record this automatically)

Distance and Azimuth From:
RP1: Record the distance and azimuth from reference point #1 to the object being photographed.

RP2 & 3 Same

WHEN THE FORM IS COMPLETED: File this form with the case documents. Be sure to cross reference the photos and negatives with the appropriate photo log information. If the case is not to go to trial the photos and photo log may be discarded after three years.

EVIDENCE CUSTODY DOCUMENT

F 1013

Appendix D

Case name		Case Number		Date & Time Obtained
Property Obtained From			Location Where Property Was Obtained	
Name of Investigator				
Item	Quantity	Disposal/Action	Description of Article	

Name & Signature of Witness (if available)

CHAIN OF CUSTODY

Item	Date & Time	Released By	Received By	Purpose
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	

EVIDENCE CUSTODY DOCUMENT

F 1013

Appendix D

WHEN SUBMITTED: Not submitted, file with case report.

NUMBER OF COPIES: As required.

GENERAL DESCRIPTION OF THE FORM: This form traces the chain of custody of items of evidence as required by the Montana Rules of Evidence statutes. All items of evidence must be signed over to any person or agency when the item of evidence changes hands for any reason. This form may be required during litigation of a case for the purpose of establishing the integrity of the evidentiary item.

DETAILED INSTRUCTIONS TO COMPLETE THE FORM:

CASE NAME: Write in the name of the fire.

CASE NUMBER: Write in the fire number or incident number (case number).

DATE AND TIME OBTAINED: Write in the date and time when the item(s) is/are collected.

PROPERTY OBTAINED FROM: Write the name of the owner of the item or the name of the person who released the item.

LOCATION WHERE PROPERTY WAS OBTAINED: State as precisely as possible where the item(s) is/are obtained, whether it be a legal description, geographic description, latitude and longitude or address.

NAME OF INVESTIGATOR: Write the name of the investigator who collected the item(s).

ITEM: Label the items A, B, C... or #1, #2, #3... etc.

QUANTITY: Fill in the quantity of each item being submitted, i.e. 1 matchbook, 3 unexploded firecrackers etc.

DISPOSAL ACTION: Write in "Return" for items which are to be returned to the owner when no longer needed or write "Discard" for items to be thrown away.

DESCRIPTION OF ARTICLE: Write a brief description of the article being used as evidence. Include any identifying numbers or marks, a description of the condition of the item at the time of collection and an approximate value of the item when it is appropriate to do so. Photographs of the item should be taken.

NAME AND SIGNATURE OF WITNESS: If possible, have someone other than the owner of the item witness the receipt of the item, preferably another investigator or firefighter etc.

CHAIN OF CUSTODY: (Bottom portion)

ITEM: Same as "ITEM" in the upper portion of the form. Example: if item A in the upper portion of the form is being transferred to the State Crime Lab, then write A in this space. If A and B are being transferred, then write in A & B etc.

DATE & TIME: Write the date and time when the items are being delivered and signed over.

RELEASED BY:

NAME: Write the name of the person releasing the items.

ORGANIZATION: Write the name of the organization releasing the items.

SIGNATURE: The signature of the person releasing the items is recorded here.

RECEIVED BY:

NAME: Write the name of the person receiving the items.

ORGANIZATION: Write the name of the organization receiving the items.

SIGNATURE: The signature of the person receiving the items is recorded here.

PURPOSE: Record the purpose for releasing/receiving the item, i.e. analysis, lockup, safe keeping etc.

WHEN THE FORM IS COMPLETED: Each time the items appearing on the form are released and received, the chain of custody (bottom) portion of this form must be filled in so that a detailed record is kept of each person who has released and received the items. This is to keep track of anyone who has been in possession of the evidentiary item from the time it is collected until the time it appears in court. If the chain of custody is broken, the evidence may not be admissible. If spaces run out on one form, fill out a second form and label it page 2 of 2 etc. Keep the form with the case documents.

WITNESS STATEMENT

F 1014

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I, _____, Presently residing at:

_____. Make the following statement to:

_____ I make this statement freely without any threats or promises to me.

I have read the above statement and the facts contained herein are true to the best of my knowledge.	
Signed	Date
Witnessed by,	At
Title	
Witnessed by,	At
Title	

F 1014

WHEN SUBMITTED: Not submitted, file with case report.

NUMBER OF COPIES: As required.

GENERAL DESCRIPTION OF THE FORM: This form is used to record and verify statements made by witnesses who are interviewed during a fire investigation. These signed statements are necessary if the case is to be litigated.

DETAILED INSTRUCTIONS TO COMPLETE THE FORM:

First Blank Line: Record the name of the person being interviewed.

Second Blank Line: Record the residence address of the person being interviewed.

Third Blank Line: Record the name of the investigator conducting the interview.

Body of the Form: Record the actual statement, in the words of the interviewee, on the lines provided.

Signed: Person being interviewed signs.

Date: Dated by the person being interviewed.

Witnessed by: Signed by both investigators conducting the interview.

At: The address where the interview was conducted.

Title: Record the witnesses' job titles, i.e. Fire Investigator, Forrester, Firefighter, etc.

WHEN THE FORM IS COMPLETED: File with case report.

OWNER'S CONSENT TO SEARCH

F 1016

Appendix D

DATE _____ , 20_____

INCIDENT # _____

I, _____ , being the lawful owner and/or occupant of the following described premises, do hereby give permission to the undersigned representative(s) of the Montana Department of Natural Resources and Conservation, to conduct such search or searched of the entire premises as deemed necessary. It is understood that a receipt will be given for any items so removed and it is further understood that said items will all be returned to me when deemed by the Montana Department of Natural Resources and Conservation to be of no further value. I further state that I have been informed of my constitutional right not to have a search made of the premises hereinafter mentioned without a search warrant and of my right to refuse consent to such a search.

This written permission is being given by me to the investigator named below and is given voluntarily and without threats or promises of any kind.

Signed _____

Address _____

Premises description _____

Address or legal description _____

City _____ County _____ , Montana

Investigator _____

OWNER'S CONSENT TO SEARCH

F 1016

Appendix D

WHEN SUBMITTED: Not submitted, file with case documents.

NUMBER OF COPIES: Original, a copy may be given to owner upon request.

GENERAL DESCRIPTION OF THE FORM: The form is used to obtain a written record of an owner's consent to search the owner's premises during the course of an ongoing investigation.

DETAILED INSTRUCTIONS TO COMPLETE THE FORM:

DATE: Record the date.

INCIDENT NO.: Record the assigned fire number.

FIRST BLANK LINE: Print the name of the owner or custodian of the premises being searched.

SIGNED/ADDRESS: Describe the premises being searched i.e. small machine shed, garage, J. Jones' pickup, etc.

PREMISIS DESCRIPTION: Record the address, if applicable or the legal description of the property being searched.

ADDRESS OR LEGAL DESCRIPTION: Record the address, if applicable or the legal description of the property being searched.

CITY/COUNTY: If an address is available record the city and county. If only a legal description, record only the appropriate county.

INVESTIGATOR: Record the signature and job title of the person performing the search.

WHEN THE FORM IS COMPLETED: File with case documents.

Montana Department of Natural Resources and Conservation

RECEIPT

INCIDENT NO. _____

On _____, I, _____,
received from, _____, the following items:

Dated this _____ day of _____, 20 _____.

Received by: _____

Received from: _____

Witness: _____

Montana Department of Natural Resources and Conservation

RECEIPT

WHEN SUBMITTED: Not submitted, file with case documents.

NUMBER OF COPIES: Original for the case file, one copy for the receipted individual,

GENERAL DESCRIPTION OF THE FORM: The form is to receipt persons for property, which is removed from a fire scene and held as evidence.

DETAILED INSTRUCTIONS TO COMPLETE THE FORM:

INCIDENT NO.: Write the number of the incident

ON: Write the date the evidence was collected.

I: Write the name of the investigator whom collected the evidence.

RECEIVED FROM: Write the name of the person whom the evidence was collected from or the location where the evidence was collected.

THE FOLLOWING ITEMS: List the items taken with a brief description of each.

DATED THIS: Date month and year the signatures were given.

RECEIVED BY: Signature of the investigator collecting the evidence.

RECEIVED FROM: Signature of the owner or custodian (if present).

WITNESS: Signature of a witness to the transaction (If available).