



<b>ANY FIRE</b> FIELD NOTES 906-1	<b>AGENCY</b>	<b>FILE NUMBER</b>
--------------------------------------	---------------	--------------------

<b>INCIDENT</b>						
ADDRESS/LOCATION			DAY	DATE	TIME	FIRE DEPT. INCIDENT NO.
<b>WEATHER AT TIME OF FIRE</b>	GENERAL CONDITIONS			TEMP.	WIND DIR.	WIND SPEED
<b>PROPERTY DESCRIPTION</b>	STRUCTURE (906-2) <input type="checkbox"/>	VEHICLE (906-3) <input type="checkbox"/>	WILDLAND (906-4) <input type="checkbox"/>	OTHER <input type="checkbox"/>		

<b>OWNER/OCCUPANT</b>	
OWNER'S NAME	PHONE NO.
OWNER'S ADDRESS	
OCCUPANT'S NAME	PHONE NO.
OCCUPANT'S ADDRESS	
DOING BUSINESS AS	PHONE NO.

<b>NOTIFICATION FOR INVESTIGATION</b>					
DAY	DATE	TIME	FROM WHOM		
RECEIVED BY			ASSIGNED TO		
<b>ARRIVED AT SCENE</b>	DAY	DATE	TIME	SCENE SECURED <input type="checkbox"/> NO (COMMENT ON CONDITION) <input type="checkbox"/> YES (BY WHOM):	
<b>AUTHORITY TO ENTER</b>	EMERGENCY	CONSENT <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN		WARRANT <input type="checkbox"/> ADMIN. <input type="checkbox"/> CRIM.	OTHER (Describe)
<b>DEPARTED SCENE</b>	DAY	DATE	TIME	COMMENTS	

<b>OTHER AGENCIES INVOLVED</b>			
FIRE DEPT.	INCIDENT NO.	CONTACT PERSON	PHONE NO.
POLICE DEPT.	FILE NO.	CONTACT PERSON	PHONE NO.
OTHER	CASE NO.	CONTACT PERSON	PHONE NO.

<b>ESTIMATED TOTAL LOSS</b>	
\$	ESTIMATED BY

<b>REMARKS</b>

Figure 2-2.2(a) Any fires field notes (Form 906-1).

<b>STRUCTURE FIRE</b> FIELD NOTES 906-2a		AGENCY	FILE NUMBER
---	--	--------	-------------

<b>TYPE AND STATUS</b>	
PROPERTY USE	
STATUS (OCCUPIED, UNOCCUPIED, VACANT)	COMMENTS

<b>AREA DESCRIPTION</b>	
<input type="checkbox"/> RURAL <input type="checkbox"/> FARM <input type="checkbox"/> URBAN <input type="checkbox"/> SUBURBAN <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> ZONED <input type="checkbox"/> UNZONED <input type="checkbox"/> IMPROVING <input type="checkbox"/> DECLINING <input type="checkbox"/> STABLE <input type="checkbox"/> OTHER _____	

<b>CONSTRUCTION</b>					
FOUNDATION <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> BASEMENT(S) <input type="checkbox"/> OTHER _____					
DIMENSIONS _____ FT LENGTH   _____ FT WIDTH   _____ FT HEIGHT   _____ STORIES   _____ NO. UNITS					
<b>TYPE OF CONSTRUCTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">EXTERIOR WALLS</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">INTERIOR WALLS</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">FLOORS</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">ROOF</td> </tr> </table>	EXTERIOR WALLS	INTERIOR WALLS	FLOORS	ROOF
EXTERIOR WALLS	INTERIOR WALLS	FLOORS	ROOF		

<b>SECURITY (Time of Fire)</b>	
DOORS <input type="checkbox"/> SECURE <input type="checkbox"/> NOT SECURE   PER: _____	
WINDOWS <input type="checkbox"/> SECURE <input type="checkbox"/> NOT SECURE   PER: _____	
OTHER <input type="checkbox"/> SECURE <input type="checkbox"/> NOT SECURE   PER: _____	
COMMENTS ON SECURITY	

<b>ALARM/PROTECTION SYSTEMS</b>		
ALARMS <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE ALARM	
ALARM COMPANY	CONTACT PERSON	PHONE NO.
COMMENTS		
PROTECTION SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OPERATED <input type="checkbox"/> DID NOT OPERATE	COMMENTS	
DESCRIPTION OF SYSTEM(S)		

<b>UTILITIES (Time of Fire)</b>	
<b>ELECTRIC</b>	<input type="checkbox"/> ON <input type="checkbox"/> OFF   UTILITY COMPANY NAME   CONTACT   PHONE NO.
<b>GAS</b>	<input type="checkbox"/> ON <input type="checkbox"/> OFF   UTILITY COMPANY NAME   CONTACT   PHONE NO.
<b>WATER</b>	<input type="checkbox"/> ON <input type="checkbox"/> OFF   UTILITY COMPANY NAME   CONTACT   PHONE NO.
<b>PHONE</b>	<input type="checkbox"/> ON <input type="checkbox"/> OFF   UTILITY COMPANY NAME   CONTACT   PHONE NO.
<b>OTHER</b>	<input type="checkbox"/> ON <input type="checkbox"/> OFF   UTILITY COMPANY NAME   CONTACT   PHONE NO.

Figure 2-2.3(a) Structure fire field notes (Forms 906-2a, 2b, and 2c).

<b>STRUCTURE FIRE</b> FIELD NOTES 906-2b	AGENCY	FILE NUMBER
---	--------	-------------

<b>EXTERIOR OBSERVATIONS</b>

<b>INTERIOR OBSERVATIONS</b>

<b>HEATING SYSTEM</b>	
TYPE	LOCATION
COMMENTS	

<b>ELECTRICAL SERVICE</b>			
<input type="checkbox"/> FUSES	<input type="checkbox"/> BREAKERS	ENTRY LOCATION	SERVICE PANEL LOCATION
COMMENTS			

<b>OTHER HEATING EQUIPMENT</b>	
TYPE(S)	LOCATION
COMMENTS	

<b>STRUCTURE CONTENTS</b>
COMMENTS

<b>AREA OF ORIGIN</b>
COMMENTS

Figure 2-2.3(a) Continued.

<b>STRUCTURE FIRE</b> FIELD NOTES 906-2c	<b>AGENCY</b>	<b>FILE NUMBER</b>

<b>IGNITION SEQUENCE</b>		
HEAT SOURCE		
MATERIAL IGNITED		
IGNITION FACTOR		
IF EQUIPMENT INVOLVED		
MAKE	MODEL	SERIAL NO.
COMMENTS		

<b>FIRE SPREAD</b>		
MATERIALS		
AVENUES		
COMMENTS		

<b>SMOKE SPREAD</b>		
MATERIALS		
AVENUES		
COMMENTS		

<b>REMARKS</b>		

Figure 2-2.3(a) Continued.

<b>MOTOR VEHICLE</b> FIELD NOTES 906-3				AGENCY	FILE NUMBER
<b>VEHICLE DESCRIPTION</b>					
COLOR(S)	YEAR	MAKE	MODEL	LICENSE — NO., STATE, EXPIRES	VIN NO.
<b>OWNER/OPERATOR</b>					
OWNER'S NAME			OWNER'S ADDRESS		OWNER'S PHONE NO.
OPERATOR'S NAME/LICENSE NO.			OPERATOR'S ADDRESS		OPERATOR'S PHONE NO.
<b>EXTERIOR</b>					
PRIOR DAMAGE			FIRE DAMAGE		
TIRES/WHEELS (Missing, Match, Condition)					
PARTS MISSING					
<b>FUEL SYSTEM</b>					
PRIOR DAMAGE			FIRE DAMAGE		
TYPE FUEL	CONDITION OF TANK	FILLER CAP CONDITION		FUEL LINE CONDITION	
<b>ENGINE COMPARTMENT</b>					
PRIOR DAMAGE			FIRE DAMAGE		
FLUID LEVELS OIL _____ TRANSMISSION _____ RADIATOR _____ OTHER _____					
PARTS MISSING					
<b>INTERIOR</b>					
PRIOR DAMAGE			FIRE DAMAGE		
IGNITION SYSTEM				KEY IN IGNITION <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERSONAL CONTENTS MISSING					
ACCESSORIES MISSING					
ODOMETER READING		SERVICE STICKER INFORMATION			
<b>VEHICLE SECURITY</b>					
ALARM	DOOR AND TRUNK LOCKS			WINDOW POSITIONS	
<b>ORIGIN/IGNITION SEQUENCE</b>					
AREA					
HEAT SOURCE					
MATERIAL IGNITED					
IGNITION FACTOR					

Figure 2-2.4(a) Motor vehicle field notes (Form 906-3).

<b>WILDLAND FIRE</b> FIELD NOTES 906-4		AGENCY	FILE NUMBER
<b>PROPERTY DESCRIPTION</b>			
FIRE DAMAGE <input type="checkbox"/> LESS THAN ACRE _____ NO. ACRES		OTHER PROPERTIES INVOLVED	
SECURITY <input type="checkbox"/> OPEN <input type="checkbox"/> FENCED <input type="checkbox"/> LOCKED GATES		COMMENTS	
<b>FIRE TRAVEL FACTORS</b>			
TYPE FIRE <input type="checkbox"/> GROUND <input type="checkbox"/> CROWN		FACTORS <input type="checkbox"/> WIND <input type="checkbox"/> TERRAIN	COMMENTS
<b>AREA OF ORIGIN</b>			
<b>PEOPLE IN AREA</b>			
AT TIME OF FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETERMINED		COMMENTS	
<b>IGNITION SEQUENCE</b>			
HEAT OF IGNITION			
MATERIAL IGNITED			
IGNITION FACTOR			
IF EQUIPMENT INVOLVED			
MAKE	MODEL	SERIAL NO.	
COMMENTS			

Figure 2-2.5(a) Wildland fire field notes (Form 906-4).

<b>CASUALTY</b> FIELD NOTES 906-5					AGENCY	FILE NUMBER		
<b>DESCRIPTION</b>								
NAME			ADDRESS			PHONE NO.		
RACE	SEX	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	OTHER
DESCRIBE CLOTHING								
<b>TYPE OF INJURY</b>								
<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> FATAL				DESCRIBE INJURY				
<b>CIRCUMSTANCES</b>								
WHO FOUND VICTIM? WHERE?								
VICTIM'S ACTIVITY JUST PRIOR TO AND AT TIME OF IGNITION								
VICTIM'S ACTIVITY AFTER TIME OF IGNITION								
<b>CASUALTY TREATMENT</b>								
<input type="checkbox"/> TREATED AT SCENE BY?								
SENT TO			VIA		TREATED BY			
REMARKS								
<b>FATALITY</b>								
BODY POSITION								
BODY REMOVED TO			BODY REMOVED BY			AUTHORITY TO MOVE BODY GIVEN BY		
MEDICAL EXAMINER/CORONER			ADDRESS			PHONE NO.		
CAUSE OF DEATH								
AUTOPSY BY			ADDRESS			PHONE NO.		
DATE OF AUTOPSY		CASE NO.	BLOOD TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		X-RAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		REPORTS IN POSSESSION <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NEXT OF KIN</b>								
NAME				RELATIONSHIP		ADDRESS AND PHONE		
NOTIFIED BY (How, Date, and Time)								
<b>REMARKS</b>								

Figure 2-2.6(a) Casualty field notes (Form 906-5).







<b style="font-size: 1.5em;">PHOTOGRAPH</b> FIELD NOTES 906-8	ROLL NO.	AGENCY	FILE NUMBER
--	----------	--------	-------------

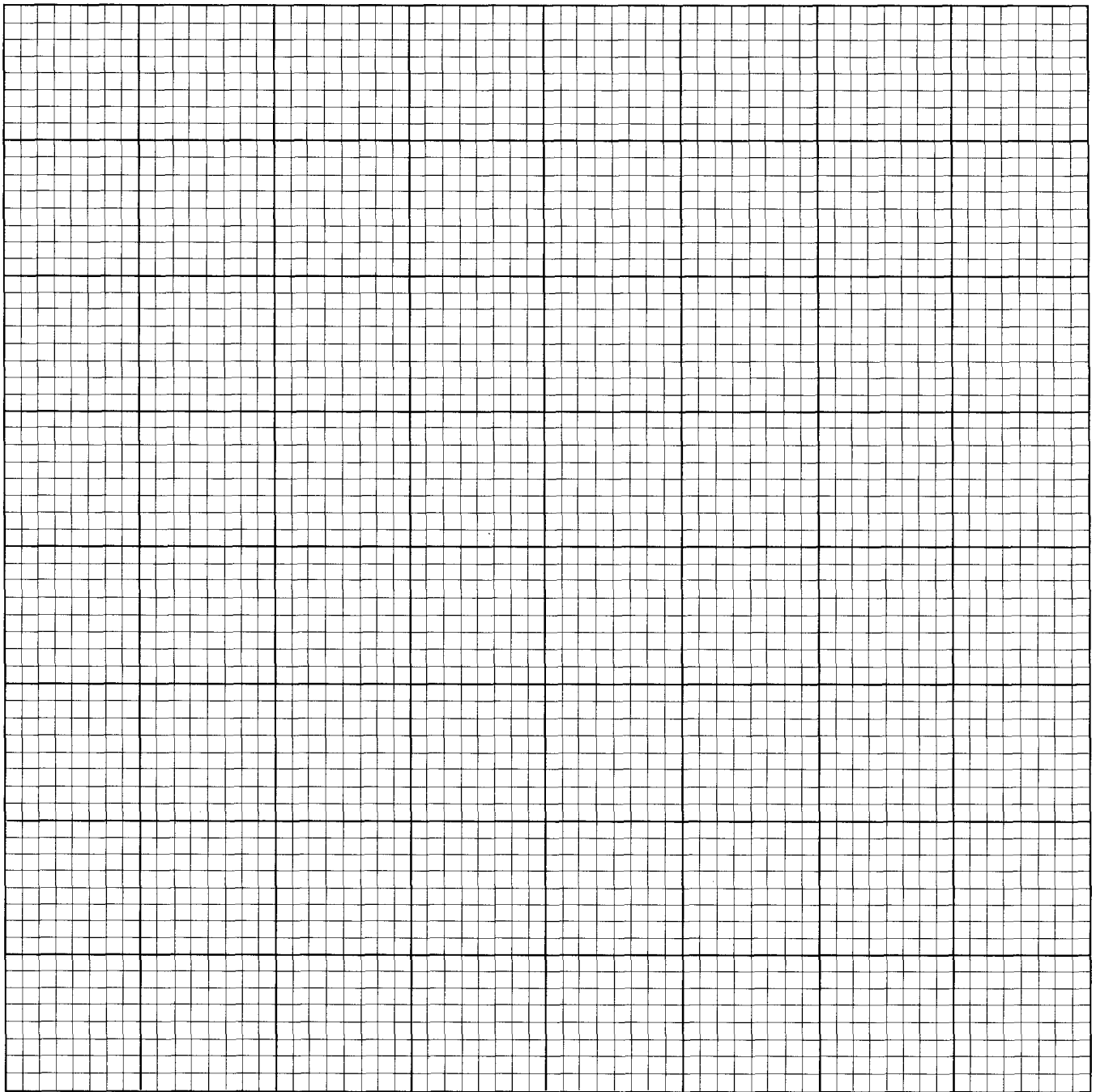
\*ONLY ONE ROLL OF FILM PER FORM.

NEG. NO.	DESCRIPTION	NEG. NO.	DESCRIPTION
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

REMARKS

Figure 2-2.9(a) Photograph field notes (Form 906-8).

<b>SKETCH</b> FIELD NOTES 906-9	AGENCY	FILE NUMBER
------------------------------------	--------	-------------



Scale:

Sketcher:

Date:

NOTE: Be sure to show reference north on sketch.

Figure 2-2.10(a) Sketch field notes (Form 906-9).

<b>INSURANCE INFORMATION</b> FIELD NOTES 906-10	AGENCY	FILE NUMBER
--	--------	-------------

<b>COMPANY</b>			
NAME 1.	ADDRESS	PHONE NO.	
POLICY NO.		EFFECTIVE DATE	EXPIRATION DATE
NAME 2.	ADDRESS	PHONE NO.	
POLICY NO.		EFFECTIVE DATE	EXPIRATION DATE

<b>COVERAGE</b>			
STRUCTURE/VEHICLE	CONTENTS, PERSONAL PROPERTY	BUSINESS INTERRUPTION, LOSS EARNINGS, LIVING EXPENSES	
1. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	NAME OF INSURED	ADDRESS OF INSURED	
2. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	NAME OF INSURED	ADDRESS OF INSURED	
PREVIOUS INSURANCE CARRIER NAME	ADDRESS	PHONE NO.	
\$ _____ STRUCTURE/VEHICLE \$ _____ CONTENTS \$ _____ OTHER ? _____			
PREVIOUS LOSSES, CANCELLATIONS			

<b>INSURANCE AGENT</b>		
NAME 1.	ADDRESS	PHONE NO.
NAME 2.	ADDRESS	PHONE NO.

<b>ADJUSTER/INVESTIGATOR</b>		
NAME OF COMPANY ADJUSTER/INVESTIGATOR 1.	ADDRESS	PHONE NO.
NAME OF COMPANY ADJUSTER/INVESTIGATOR 2.	ADDRESS	PHONE NO.
NAME OF PUBLIC ADJUSTER	ADDRESS	PHONE NO.

<b>TOTAL PAID LOSS</b>		
STRUCTURE 1. \$	CONTENTS/PERSONAL PROPERTY 1. \$	OTHER (Explain) 1. \$
STRUCTURE 2. \$	CONTENTS/PERSONAL PROPERTY 2. \$	OTHER (Explain) 2. \$

<b>REMARKS</b>

Figure 2-2.11(a) Insurance information field notes (Form 906-10).

<b>RECORDS/DOCUMENTS</b> FIELD NOTES 906-11	AGENCY	FILE NUMBER
--	--------	-------------

Use this form as a checklist to indicate which records have been considered in the investigation. The Remarks sections should be used to note availability, contacts, and so forth.

INCIDENT RELATED		
FIRE DEPT. NAME	INCIDENT NO.	REMARKS
POLICE DEPT. NAME	FILE NO.	REMARKS
INSURANCE CO. NAME	CASE NO.	REMARKS
GAS CO. NAME	REMARKS	
ELECTRIC CO. NAME	REMARKS	
MEDIA COVERAGE	REMARKS	
MEDIA COVERAGE	REMARKS	
MEDIA COVERAGE	REMARKS	
OTHER — INCIDENT RELATED	REMARKS	
OTHER — INCIDENT RELATED	REMARKS	

PROPERTY RECORDS	
MORTGAGE HOLDER	REMARKS
LIEN HOLDER	REMARKS
TAX RECORDS	REMARKS
CONTRACTS/LEASES	REMARKS
TITLES/REGISTRATIONS	REMARKS
ZONING/CODES	REMARKS
DEEDS	REMARKS
OTHER	REMARKS
OTHER	REMARKS

BUSINESS/PERSONAL	
ACCOUNTING	REMARKS
INVENTORY	REMARKS
BANKS/CREDIT UNIONS, ETC.	REMARKS
BUSINESS AND PERSONAL TAX	REMARKS
CRIMINAL HISTORY	REMARKS
CIVIL LITIGATIONS	REMARKS

Figure 2-2.12(a) Records/documents field notes (Form 906-11).