

<p>Property Details</p> <p><input type="checkbox"/> Not Residential</p> <p>Estimated # of residential living units in the building of origin whether or not all units became involved</p> <p><input type="checkbox"/> Buildings not involved</p> <p>Number of buildings involved</p> <p><input type="checkbox"/> None</p> <p>Acres burned (outside fires)</p> <p><input type="checkbox"/> Less than 1 acre</p>	<p>On-Site Materials <input type="checkbox"/> None</p> <p>On-Site Material (1) <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p> <p>On-Site Material (2) <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p> <p>On-Site Material (3) <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p>	<p>Ignition</p> <p>Area of Fire Origin</p> <p>Heat Source</p> <p>Item First Ignited</p> <p><input type="checkbox"/> Fire spread confined to object of origin</p> <p>Type of Material First Ignited</p>	<p>Cause of Ignition</p> <p><input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Failure of Equipment or Heat Source <input type="checkbox"/> Act of Nature <input type="checkbox"/> Cause Under Investigator <input type="checkbox"/> Cause Undetermined after Investigation</p> <p>Factors Contributing to Ignition</p> <p><input type="checkbox"/> None</p> <p>Factor #1</p> <p>Factor #2</p>
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<p>Human Factors Contributing to Ignition <input type="checkbox"/> None</p> <p><input type="checkbox"/> Asleep <input type="checkbox"/> Possibly impaired by alcohol/drugs <input type="checkbox"/> Unattended person <input type="checkbox"/> Possibly mentally disabled <input type="checkbox"/> Physically disabled <input type="checkbox"/> Multiple persons involved <input type="checkbox"/> Age was a factor</p>	<p>Equipment Involved in Ignition <input type="checkbox"/> None</p> <p>Equipment Involved _____ Brand _____ Model _____ Serial Number _____</p> <p>Year _____ Equipment Power Source <input type="checkbox"/> Portable <input type="checkbox"/> Stationary</p>		
<p>Fire Suppression Factors</p> <p>Fire Suppression Factor (1) _____</p> <p>Fire Suppression Factor (2) _____</p> <p>Fire Suppression Factor (3) _____</p>	<p>Mobile Property Involved</p> <p><input type="checkbox"/> None</p> <p>Mobile Property Type _____ Mobile Property Make _____</p> <p>Year _____ Mobile Property Model _____</p> <p>VIN Number _____</p> <p>License Plate Number _____ State _____</p> <p><input type="checkbox"/> Not involved in ignition, but burned</p> <p><input type="checkbox"/> Involved in ignition, but didn't burn</p> <p><input type="checkbox"/> Involved in ignition and burned</p>		

<p>Structure Type</p> <p><input type="checkbox"/> Enclosed building <input type="checkbox"/> Fixed portable/mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform (e.g. piers) <input type="checkbox"/> Underground structure (work areas) <input type="checkbox"/> Connective structure (e.g. fences) <input type="checkbox"/> Other type of structure</p>	<p>Building Status</p> <p><input type="checkbox"/> Under construction <input type="checkbox"/> Occupied & operating <input type="checkbox"/> Idle, not routinely used <input type="checkbox"/> Under major renovation <input type="checkbox"/> Vacant & secured <input type="checkbox"/> Vacant & unsecured <input type="checkbox"/> Being demolished <input type="checkbox"/> Undetermined <input type="checkbox"/> Other</p>	<p>Building Height (Count ROOF as part of Highest Story)</p> <p>Total # of stories at or above grade _____</p> <p>Total # of stories below grade _____</p> <p>Main Floor Size (Complete One)</p> <p>Total square feet _____ BY _____</p> <p>Length in Feet _____ Width in Feet _____</p>	<p>Fire Origin</p> <p>Story of origin _____ <input type="checkbox"/> Below Grade</p> <p>Fire Spread</p> <p><input type="checkbox"/> Confined to object of origin <input type="checkbox"/> Confined to room of origin <input type="checkbox"/> Confined to floor of origin <input type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin</p>
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<p>Number of Stories Damaged by Flame</p> <p>Number of stories w/ minor damage (1 to 24% Flame Damage) _____</p> <p>Number of stories w/ significant damage (25 to 49% Flame Damage) _____</p> <p>Number of stories w/ heavy damage (50 to 74% Flame Damage) _____</p> <p>Number of stories w/ extreme damage (75 to 100% Flame Damage) _____</p>	<p>Material Contributing Most to Flame Spread</p> <p>Item contributing most to flame spread _____</p> <p>Type of material contributing most to flame spread _____</p>	<p>Insurance Company Information</p> <p>Insurance Company Name _____</p> <p>Policy Number _____</p> <p>Agent's Name _____</p> <p>Phone Number _____</p>
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<p>Presence of Detectors</p> <p><input type="checkbox"/> None Present <input type="checkbox"/> Present</p> <p>Detector Power Supply _____</p> <p>Detector Type</p> <p><input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination-smoke & heat <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than 1 type present</p>	<p>Detector Effectiveness</p> <p><input type="checkbox"/> Alerted occupants-they responded <input type="checkbox"/> Occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Failed to alert occupants</p> <p>Detector Failure Reason _____</p>	<p>Presence of Automatic Extinguishing System</p> <p><input type="checkbox"/> None Present <input type="checkbox"/> Present</p> <p>Type of System _____</p> <p># of Heads Operating _____</p>
		<p>System Operation</p> <p><input type="checkbox"/> Operated & effective <input type="checkbox"/> Operated & not effective <input type="checkbox"/> Fire too small to activate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Other</p> <p>System Failure Reason _____</p>