

Will, Cook, Grundy County Fire Investigation On Scene Checklist

<input type="checkbox"/>	Scene Photographs
<input type="checkbox"/>	Scene Video
<input type="checkbox"/>	Video of Witness Statements
<input type="checkbox"/>	Scene and Evidence Diagrams <input type="checkbox"/> Floor Plan <input type="checkbox"/> Elevation <input type="checkbox"/> Evidence <input type="checkbox"/> Burn Patterns <input type="checkbox"/> Other:
<input type="checkbox"/>	Consent Forms - Sign Consent to Search and Remove Evidence Owner, occupants, employees, others:
<input type="checkbox"/>	Written and Signed Witness Statements (list witness name and check off individually): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <div style="width: 45%;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div>
<input type="checkbox"/>	Signed & witnessed Miranda (Suspect):
<input type="checkbox"/>	Evidence Logs / Chain of Custody/Evidence Transfer Logs
<input type="checkbox"/>	Crime Lab Laboratory: _____
<input type="checkbox"/>	Court Orders <input type="checkbox"/> Subpoenas: Describe _____ <input type="checkbox"/> Search warrant(s): Locations: _____ <input type="checkbox"/> Administrative warrant(s): Describe _____ <input type="checkbox"/> Other: Describe _____
<input type="checkbox"/>	Reports & Notes <input type="checkbox"/> Fire investigation origin and cause report <input type="checkbox"/> Fire investigator notes <input type="checkbox"/> Fire Department Incident Report and/or NFIRS form <input type="checkbox"/> Police department incident report <input type="checkbox"/> Database, background, NCIC search results <input type="checkbox"/> Other

Case File Contents Checklist

<input type="checkbox"/>	Insurance Policy Information Documentation Name of Insurance Company, Policy Number, Agent
<input type="checkbox"/>	Financial Records Name of Insitution, address, contact number, type of accounts_
<input type="checkbox"/>	Injuries - Fatalities Name, age transported to: 1. _____ 2. _____
	Other Records and Database Searches (i.e., NCIC) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/>	PIO Media Release