

# TACTICAL FREQUENCY USE GUIDELINE

## MABAS DIVISION 4

### DEFINITIONS:

**Dispatch** – Local frequency(ies) normally used for daily dispatch (base/mobile) of emergency calls.

**IFERN** – MABAS mutual aid dispatch and response frequency (base/mobile). (154.265 MHz – 210.7 Hz)

**IFERN2** – Alternate base/mobile mutual aid dispatch frequency (154.3025 MHz – 67.0 Hz). (Reserved for future implementation and/or major incident coordination.)

**Fireground** – Low power tactical frequencies used for on-scene communications between the Incident Commander and units working the incident.

<b>Channel</b>	<b>Frequency</b>	<b>“PL” Tone</b>
RED	153.830 MHz	69.3 Hz
WHITE	154.280 MHz	74.4 Hz
BLUE	154.295 MHz	85.4 Hz
GREEN	150.790 MHz	77.0 Hz
GOLD	153.8375 MHz	91.5 Hz
BLACK	154.2725 MHz	94.8 Hz
GRAY	154.2875 MHz	136.5 Hz

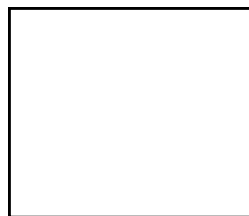
**IREACH** – Illinois Radio Emergency Assistance Channel (155.055 MHz). Used for interdisciplinary coordination. (Digital Coded Squelch 156, transmit only)

**MERCI** – VHF ambulance to hospital frequencies. (155.280, 155.340 & 155.400 MHz) [Statewide “PL” 210.7 Hz transmit only.]

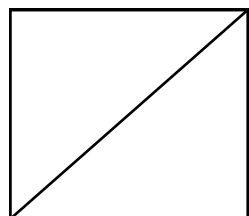
# MABAS DIVISION 4 TACTICAL FREQUENCY USE GUIDELINE

	Routine Incidents	Box-2nd Alarms	Major Alarms	Mass Casualty	Fire & MCI	Tech Rescue	Haz-Mat	Water Rescue	Major Disaster
IC to Local Dispatcher	Dispatch	IFERN	IFERN	IFERN	IFERN	IFERN	IFERN	IFERN	IFERN
IC to MABAS Dispatcher		IFERN	IFERN	IFERN	IFERN	IFERN	IFERN	IFERN	IFERN
Staging		IFERN	IFERN	IFERN	IFERN	IFERN	IFERN	IFERN	IFERN
Scene/First Due Companies	RED	RED	RED	RED	RED	RED	RED	RED	RED
Interior/Fire Companies	RED	RED	RED		RED				RED
Operations Officer	RED	RED	RED	RED	RED	RED			RED
Safety Officer	RED	RED	RED	RED	RED	RED	RED	RED	RED
RIT Team(s)	RED	RED	RED		RED				RED
Accountability	RED	RED	RED	RED	RED	RED	RED	RED	RED
Water Supply	RED/BLUE	BLUE	BLUE		BLACK	BLUE	BLUE		BLACK
Aerial Operations	RED/BLUE	BLUE	BLUE		BLACK	BLUE	BLUE		BLACK
Logistics		WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	GRAY
Public Information Officer		WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	GRAY
Liaison Officer(s)		WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	GRAY
Support Functions		WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	WHITE	GRAY
Extrication & Manpower				RED					RED
Triage Sector				BLUE	BLUE				BLUE
Treatment Sector				BLUE	BLUE				BLUE
Transport to Ambulances				IFERN	IFERN				IFERN
Transport to Med Control				MERCI	MERCI				MERCI
Helicopter Landing Zone	GREEN/IREACH	GREEN/IREACH	GREEN/IREACH	GREEN/IREACH	GREEN/IREACH	GREEN/IREACH	GREEN/IREACH	GREEN/IREACH	GREEN/IREACH
SRT Entry Teams						GOLD			GOLD
Haz-Mat Officer							RED		
Haz-Mat Resource							BLACK		
HazMat Entry/Backup							BLACK		
Divemaster/Dive Operations								BLUE	
Boat Operations								BLUE	
Base Camp Operations									IFERN2
Fire Operations									RED
SRT Operations									WHITE
EMS Operations									BLUE
Interdisciplinary Coordination	IREACH	IREACH	IREACH	IREACH	IREACH	IREACH	IREACH	IREACH	IREACH
MABAS Statewide									MABAS SC21 Talkgroup

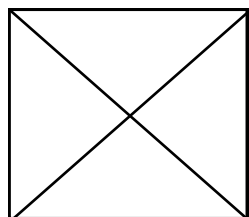
# STRUCTURE/HAZARDS EVALUATION MARKING SEARCH ASSESSMENT MARKING VICTIM LOCATION MARKING



**LOW RISK**  
Structure accessible and safe for US&R Ops. Minor damage, little danger of secondary collapse.



**MODERATE RISK**  
Structure is significantly damaged. Some areas safe, others need shoring. Structure may be pancaked.



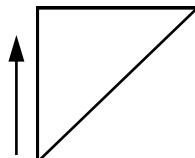
**HIGH RISK**  
Structure is NOT safe for US&R Ops. Subject to sudden additional collapse. Remote search at risk. If operating, create safe havens / escape routes.



**HM**

Arrow next to box indicates direction to safest entry.

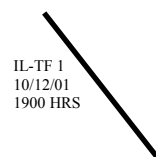
HM next to box indicates HAZ MAT condition in or near structure. Consult a Haz-Mat Tech.



10/14/01 1315 hrs  
HM - Natural Gas  
IL-TF1

**Note Time, Date and team/company ID after evaluation completed.**

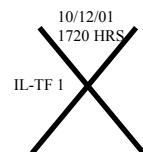
**Cross out hazards after mitigated.**



Single slash upon entry = search in Progress  
Add Team ID, Entry Date & Time

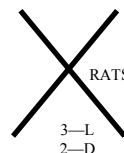


Cross slash upon exit

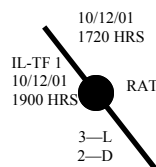


**LEFT QUAD**  
Task force / company ID

**TOP QUAD**  
Date & Time personnel left structure



**RIGHT QUAD**  
Personal Hazards  
**BOTTOM QUAD**  
Live (L) & Dead (D) Victims still inside

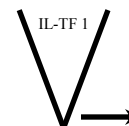


**SEARCH INCOMPLETE**  
Add Circle to center of slash

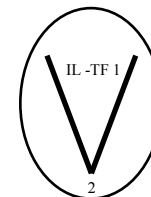
Add Box Under Slash for Floor or Quadrants Completed

F=Floors  
Q=Quadrants or  
NO ENTRY

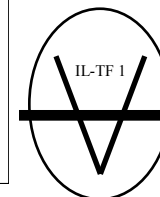
F = 1, 2



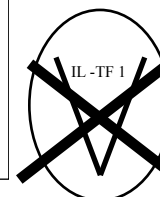
Large V near Known or potential location of victim. Add arrow to point to location. Task force / Company ID in V



Circle around V when victim location is **CONFIRMED LIVE** visually or audibly. Mark # of Victims




Paint line through middle of V when patient is **CONFIRMED Dead**



Paint an X through the **CONFIRMED** victim marking after all victims have been removed

- 2" International Orange markings
- Use normal access points if possible
- Use lumber markers for notes near markings
- Each victim gets a mark
- Line out / update all changed information

	<b>MABAS DIVISION 4</b>  <b>Standard Operating Guideline</b>	
	<b>SUBJECT:</b> Emergency Incident & Training Exercise Rehabilitation & On-Scene Gross Decontamination	<b>S.O.G.</b>  <b>REHAB – 2017</b>
	<b>Approved:</b> August 23, 2017	<b>Original: 2001</b> <b>Replaces: 2012</b>
	<b>Effective:</b> August 23, 2017	
	<b>Referenced Standards:</b> <ul style="list-style-type: none"> <li>• NFPA 1584, 2015</li> <li>• USFA Emergency Incident Rehabilitation, February 2008</li> </ul>	

# **Standard Operating Guideline** **for** **Emergency Incident &** **Training Exercise** **Rehabilitation & On-Scene** **Gross Decontamination**

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## DEFINITIONS

**Carbon Monoxide Levels.** Values measured using CO / pulse oximetry using an instrument such as the RAD-57™ Pulse CO-Oximeter (if available)

Normal Range:

Non-smoker = 0 - 5%

Smoker = 5 - 10%

Significant Exposure Range:

Moderate: 12%    Severe: 25%

### **Cooling-**

**Passive Cooling-** The process of using natural evaporative cooling (e.g., sweating, doffing personal protective equipment, moving to a cool environment) to reduce elevated core body temperature.

**Active Cooling-** The process of using external methods or devices (e.g., hand and forearm immersion, misting fans, ice vests) to reduce elevated core body temperature.

**Decontamination Area (Zone)** - The area located in the “Warm” zone where all personnel and equipment shall be decontaminated when leaving the “Hot” zone.

**Gross Decontamination** - The physical process of reducing and preventing the spread of contamination of harmful materials from fire department personnel and equipment at a hazardous incident.

**Hot Zone** - The Hot Zone will be defined as any area that requires an SCBA, charged hose line, special protective clothing, or in which firefighting personnel are at risk of becoming lost, trapped, or injured by the environment or structure.

**Hydration-** The introduction of water in the form of food or fluids into the body.

**Medical Monitoring** - The ongoing evaluation of members who are at risk of suffering adverse effects from stress or from exposure to heat, cold, or hazardous environments.

**Off-Gassing** - Giving off a vapor or gas.

**Recovery-** The process of returning a member’s physiological and psychological states to normal or neutral where this person is able to perform additional emergency tasks, be re-assigned, or released without any adverse effects.

**Rehabilitation-** An intervention designed to mitigate against the physical, physiological, and emotional stress of fire fighting in order to sustain a member’s energy, improve performance, and decrease the likelihood of injury or death. Rehab includes rest, medical monitoring and rehydration / nutrition.

**Rehabilitation Group Supervisor-** The person or officer assigned within the ICS to manage Decon and Rehabilitation.

**Sports Drink-** A fluid replacement beverage that is between 4% and 8% carbohydrate and contains between 0.5 g and 0.7 g of sodium per liter of solution. (*example: Gatorade®*)

**Warm Zone -** The Warm Zone will be defined as just outside of the Hot Zone where the fire fighters start their operations on the fire ground. This zone is where the firefighter is not at risk of becoming lost, trapped, or injured by the environment or structure.

**Warming-**

**Passive warming.** The process of facilitating the body's warming mechanism by Adding clothing or blankets, protecting the person from wind and humidity, or moving the person to a warmer environment.

**Active warming.** The process of warming an individual through the application of heat.

## MEDICAL MONITORING GUIDELINE



### **EVALUATE THE OVERALL APPEARANCE AND HEALTH STATUS OF EACH MEMBER; INCLUDING MEDICAL HISTORY.**

- \* Rehab personnel shall be alert for the following :
  - \* Personnel complaining of chest pain, dizziness, shortness of breath, weakness, nausea, or headache.
  - \* General complaints such as cramps, aches and pains.
  - \* Symptoms of heat- or cold-related stress.
  - \* Changes in gait, speech, or behavior.
  - \* Disorientation to person, place, and time.
  - \* Vital signs considered being abnormal as established by EMS protocol.

**\* Personnel presenting with the above medical conditions should be evaluated and/or treated by EMS immediately and transport to the ER should be carefully considered. Contact medical control. \***

### **NORMAL VITAL SIGNS**

**HEART RATE:** 60 – 100 beat per minute

**BLOOD PRESSURE:**

Systolic Pressure 80 - 160 mmHg

Diastolic Pressure < 100 mmHg

**MENTAL STATUS:** Alert & Oriented

**SKIN CONDITION:**

- May be somewhat flushed on arrival. Should improve 5 minutes after arrival in Rehab
- If skin remains flushed or is unusually dry, monitor patient for signs of heat stress.

**RESPIRATIONS:** 12 – 20 breaths per minute

**BODY TEMPERATURE:** 95 - 100.6°F (+1° for oral / +2° for tympanic thermometer)

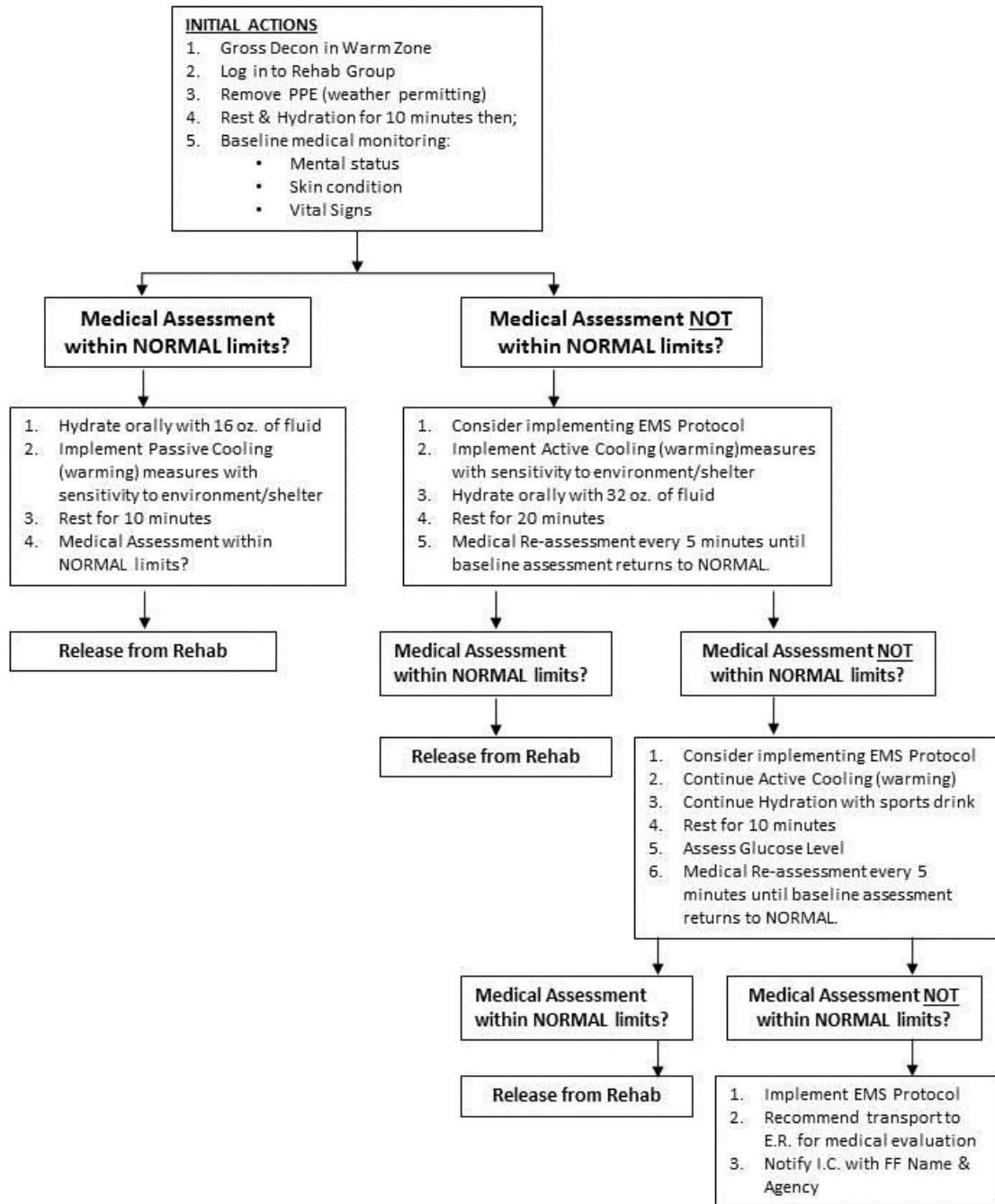
**PULSE OXIMETRY:** 95 – 100% spO<sub>2</sub>

**CARBON MONOXIDE LEVEL:** COHb < 5%

**BLOOD GLUCOSE:** 60 - 200



# REHAB FLOW CHART



*Firefighters returning for second round rehab should be hydrated with sports drinks and provided nourishment.*

# REHAB GUIDELINES AND RESPONSIBILITIES

## PURPOSE

To provide the framework for Rehabilitation of personnel operating at the scene of an emergency, training exercise, extended duration incident or other fire, rescue or EMS activity in order to ensure that the physical and mental condition of all responders does not deteriorate to a level that might jeopardize the safety and well-being of personnel and the safety and integrity of the operation.

## SCOPE

This guideline applies to all activities of MABAS Division 4, including, but not limited to, fireground, emergency medical, dive, haz-mat, technical rescue, wildland, training exercises/drills and other activities where strenuous physical and mental activities and/or exposure to the heat or cold exist.

This guideline identifies situations where the establishment of a Rehab Group is appropriate. It provides information on the operation of a Rehab Group, the tasks and procedures that are to be followed by those managing and those using a Rehab Group, and the equipment and staffing needs of these operations.

The Rehab Group provides firefighters and other emergency responders with fluids and food, shelter from the elements, an effective work/rest cycle and a medical evaluation to assure that the responder is ready to return to work in a safe and managed manner, ultimately preventing injuries or death.

Rehab should be established considering the following conditions:

- Time - Duration of incident or exercise; extended use of turnout gear or other PPE; extended exposure to the weather.
- Complexity – crime scenes, standoffs, search and rescue operations, mass gathering/special events, special response team operations, etc.
- Intensity – mental and/or physical stress on members such as major extrications, actual fire attack, interior search and rescue or difficult rescues.
- Climatic conditions such as hot or cold weather.
- Whenever deemed necessary by the Incident Commander.

## RESPONSIBILITIES

### Incident Commander

The Incident Commander (IC) has the responsibility and authority to implement all provisions of the operational guideline. The Incident Commander is to consider circumstances of each incident and make adequate provisions early in the incident for the decontamination, rest and rehabilitation for all members operating at the incident. These provisions are to include: decontamination, medical evaluation, treatment and monitoring; food and fluid replenishment; physical and mental rest; relief from extreme climatic conditions; relief from other extreme environmental factors caused by the incident. The Rehabilitation should include provisions for Emergency Medical Services (EMS) at the Advanced Life Support (ALS) level.

### **Division/Group Supervisor / Company Officers / Instructors**

All supervisors should maintain an awareness of the condition of each person operating within their span of control and ensure that adequate steps are taken to provide for each person's safety and health. The Incident Command structure should be utilized to request relief and reassignment of fatigued personnel to the Rehab area.

During training exercises, the instructors must also maintain awareness of the condition of personnel and plan for appropriate work / rest cycles

### **Line Personnel**

All personnel are responsible for their preparedness prior to an incident or training. This includes sufficient rest prior to reporting for duty, pre-hydration during hot days, proper dress on cold days and ensuring that all personal protective equipment is present, in good working order and used.

During an operation or training, all personnel should advise their supervisor when they believe that their level of fatigue or exposure to heat or cold is approaching a level that could affect them, their company, or the operation in which they are involved. Personnel need to also remain aware of the health and safety of other members of their company.

## **ESTABLISHING A REHAB GROUP**

The Incident Commander should establish a Rehab Group when conditions indicate that decon, rest and rehabilitation is needed for personnel at an incident or exercise. The IC should designate the appropriate personnel, apparatus and equipment to establish a Rehab Group.

Supervisors may adjust the time frames depending on work and environmental conditions. Depending on the situation and environmental conditions, there may be a need to increase the frequency or duration of stay in Rehab for effective rest and hydration of personnel.

Rehab is a dynamic operation that will expand as necessary depending on the factors of the event. At a minimum there should be an individual trained to a level that allows for the establishing of the Rehab Area, monitoring the condition and managing the personnel that are directed to report to Rehab. The individual tasked with establishing Rehab is the Rehab Group supervisor. **When possible, a chief officer should be assigned to manage this group.**

## **REHAB GROUP SUPERVISOR**

Rehab Group Supervisor should be designated by the Incident Commander and act within the ICS. **When possible, a chief officer should be assigned to manage this group.**

The Rehab Group Supervisor has the responsibility of securing all necessary resources required to adequately staff and supply the Rehab Area. This includes site selection, resources, and staffing. Decon & Rehab should be easily identifiable to all personnel and stationed in an environmentally protected area, away from adverse weather conditions and free from apparatus exhaust emissions. The Rehab Group Supervisor needs to ensure that at least one ALS ambulance is available to Rehab for the transport of injured firefighting personnel.

The Rehab Group Supervisor will update Staging (or designated ICS position as assigned) throughout the operation of the identity of companies in Rehab and companies available for assignment. Companies reporting to Rehab should first report to the Rehab Group Supervisor or designee and present their passport.

## LOCATION

- The site should be located safely away from the incident in the “Cold Zone” where crews can remove their protective clothing and be medically evaluated while receiving hydration, nourishment and rest.
- Multiple Rehab locations may be necessary if the incident is large or divided. In the event there is more than one Rehab location, they should be designated geographic division.
- It should be in a location that will provide physical rest by allowing the personnel to recuperate from the demands and hazards of the emergency operation or training evolution.
- It should provide suitable protection from the prevailing environmental conditions. During hot weather, it should be in a cool, shaded area. During cold weather, it should be in a warm, dry area.
- It should enable personnel to be free of exhaust fumes from apparatus, vehicles, or equipment (including those used in the Rehab area).
- It should be large enough to accommodate several crews, based upon the incident size.
  - An open area where tarps, fans, heaters, etc. can be set up
  - Nearby buildings, stores or other structures
  - If in a high-rise, several floors (3 minimum) below the incident
- It should be easily accessible by EMS vehicles.
- It should allow prompt re-entry to the incident.

## STAFFING

Rehab should be staffed with a sufficient number of trained personnel so that there is an adequate supply of liquids, foods, and medical monitoring for personnel who are directed to report there, as required by the type and duration of the incident. A ratio of one ALS medically trained personnel for each 10 persons assigned to Rehab is recommended.

A typical scenario may have an ALS ambulance crew and a Food Unit Leader (canteen) that will work together to provide for the medical and nutritional requirements for proper Rehab of emergency workers on the scene.

## RESOURCES FOR REHAB GROUP

One ALS Ambulance for medical supplies and equipment to include blood pressure cuffs, stethoscopes, oxygen administration devices, cardiac monitors, intravenous solutions, thermometers and RAD 57 monitor (if available). Consider an additional ambulance dedicated for transport and other units as the incident escalates.

A canteen service should be used to provide proper nourishment to include; water, sports drinks, appropriate food and ice.

Nearby buildings, tents or other structures should be considered for cooling / warming and shelter from the environment.

Cooling / Warming busses- consider notifying a bus service (school, commuter or other) resource that can provide busses for shelter from the environment.

Additional resources may include Awnings, chairs, fans, tarps or salvage covers, smoke ejectors, dry clothing, extra equipment, portable lighting, active cooling / warming devices, blankets and towels, traffic cones and fire-line tape (to identify the entrance and exit of Rehab).

## **EMERGENCY PERSONNEL EVALUATION REQUIREMENTS**

All personnel involved in intense/physically demanding emergency operations or training should be routinely evaluated. The following is the **minimum** requirements for Rehabilitation:

- When personnel have used a second 30-minute SCBA, a single 45 or 60-minute SCBA
- 45 minutes of intense work without SCBA.
- As deemed necessary by a company officer

Once crews are decontaminated and at Rehab, they should receive fluids, medical evaluation, and rest.

**Use of tobacco products in Rehab shall be strictly prohibited.**

The medical assessment criteria are a guide for Rehab personnel to determine if personnel require medical evaluation by EMS or meet the requirements for re-assignment Rehabilitating. All personnel rotating through Rehab should follow and meet the recovery guidelines described on the **Rehab Flow Chart** and the **Rehab Medical Log** or they must be further medically evaluated by EMS.

For those situations when a mutual aid firefighter or officer fails to meet the criteria for being released from Rehab, notification should be made to his/her immediate supervisor. Formal notification to his/her Fire Chief will be made post incident.

## **GENERAL OPERATIONAL PRINCIPLES**

### **Establishment**

- Consider climatic or environmental conditions that indicate the need to establish Rehab.
  - heat stress index above 90 degrees Fahrenheit
  - wind-chill index below 10 degrees Fahrenheit.

### **Decontamination**

- Perform gross decontamination personnel and their PPE in the warm zone.

### **Hydration**

- During heat stress, personnel should replace at least 16 oz. of water per hour. Plain water should be used for the first hour of the operations and then supplemented with a sports drink. Over hydration is a dangerous situation for the firefighter to consider as well. Carbonated beverages, coffee, tea or alcoholic beverages should be avoided.

### **Nourishment**

- If food is required or provided, it should be soup, chili, stew, fruit trail mix, granola, PB&J or other easily digested foods. Fatty or salty foods should be avoided. Meals should be considered for long duration incidents.

**Rest**

- Rest must be provided when personnel have used a second 30-minute SCBA, a single 45-minute or 60-minute SCBA; 45 minutes of intense work without SCBA and when deemed necessary by a company officer
- Personnel should re-hydrate at least 16 ounces of fluid during SCBA bottle change.
- Rest should be no less than 10 minutes and may in some cases exceed 30 minutes as determined by the Rehab Group Supervisor. Personnel requiring rest periods of greater than 30 minutes need to be closely monitored for medical conditions. Those who exhibit problems with their baseline medical assessment after 30 minutes should be treated under EMS protocol and consider transport to a medical facility. Medical control needs to be contacted.
- Personnel requiring more than one hour of rest should be released from the incident and transport to a medical facility should be considered. Consult with Medical Control.
- Personnel released by the Rehab Group Supervisor are to report to Staging.

**Medical Monitoring**

- Rehab should be staffed with EMS Personnel and a Group Supervisor.
- Rehab medical monitoring should consist of a minimum of-
  - a) visual exam, b) blood pressure, c) pulse, d) temperature, e) SPO2
  - Special Considerations:
    - Haz-Mat Techs – EKG & Body Weight
    - Divers – Rapid Field Neuro Exam
- Any member(s) who receives any treatment(s) other than vitals, fluid, food, and/or rest must be treated and documented on an EMS patient care report as an illness/injury to personnel. As an example, ice for sprains or strains need to be considered injuries rather than Rehabilitation.
- All Rehab monitoring needs to be documented on the MABAS Division 4 Rehab Forms and turned over to the local authority having jurisdiction / Incident Commander.
- Any/all Rehab reports involving Mutual or Auto Aid personnel should be made available to their respective departments.

**Accountability**

- The PASSPORT Accountability System shall be utilized in accordance with the MABAS guidelines.
- Crews reporting to Rehab should enter and exit the Rehabilitation Area as a crew. The crew designation, number of crew personnel, and the times of entry/exit needs to be documented by the Rehab Group Supervisor, or his/her designee on the MABAS Division 4 Rehab Form.
- Crews must not leave the Rehabilitation Area unless authorized to do so by the Rehab Group Supervisor.

## DOCUMENTATION

The names of all personnel passing through Rehab as well as all pertinent data need to be recorded on the **Rehab Medical Log**.

When operating at a larger / prolonged incident, the Rehab Group Supervisor needs to complete **Medical Rehab Check In/Out Summary Form**. This document should become part of the permanent record of the incident.

Personnel who are deemed patients and are transferred to EMS care or BLS/ALS treatment is initiated will be documented utilizing EMS patient care report.

## TIPS FOR SUCCESSFUL REHAB OPERATIONS

### Firefighter

- ☐ Decon in Warm Zone
- ☐ Hydration - before during and after an incident or exercise
- ☐ Nutrition - have a well-balanced diet to maintain good health and nutritional value in the foods you eat.
- ☐ Tobacco use - Use of tobacco is prohibited on the emergency scene.
- ☐ Rest 10 minutes then;
- ☐ Medical Evaluation - Assure that you get your vitals taken when you arrive at Rehab

### Company Officer

- ☐ Make sure your crew members decon and remove and/or open up their turnout coats and cool down or stay warm depending on the environmental challenges.
- ☐ Make sure the crews get their vitals taken according to the policy.
- ☐ Look for signs or symptoms of a crew member not feeling well.
- ☐ Keep their company intact and prepared for redeployment when Rehab is completed

### Incident Commander

- ☐ Establish Rehab early enough in an incident or exercise to allow proper time for set up and deployment of the necessary resources
- ☐ Provide the adequate staffing and resources needed relative to the incident or exercise and related factors - length of incident, environmental, number of workers on site, etc.

### Rehab Group Supervisor

- ☐ Make an effective flow of entry to Rehab area, treatment area and rest area for crews participating in Rehab.
- ☐ Wear a vest to identify your position so it is clear who to talk to if there are any questions
- ☐ Make sure everyone knows and adheres to the guidelines for decon, treating and monitoring people in Rehab
- ☐ Keep Staging advised of available crews or potential patients in Rehab
- ☐ Request resources with ample time when possible

## REHABILITATION RESOURCES (SUGGESTED)

- Portable shelters
- Fans/blowers
- Blankets
- Portable heaters
- Dry clothing (t-shirts/sweat shirts)
- Socks
- Sandals / Flip-Flops
- Gloves (FF's & work gloves)
- Lighting
- Electrical generating equipment
- Misting and cooling equipment
- Rehabilitation designation marking equipment
- Chairs
- Beverage-serving equipment
- Exposure protective garments for Rehabilitation staff
- Personnel washing equipment
- Decon Wipes
- Towels
- Cups (hot or cold according to the beverage)
- Water - 1 gallon of drinking per responder
- Bottled Sports Drinks
- Large clock
- Traffic cones
- Fireline tape
- Log book and forms and writing utensils
- Rehab Safety Vests
- Paper towels
- Sanitary facilities (portable toilets)
- Food (including appropriate serving devices and equipment)
  - Trail Mix, Granola Bars, PB&J, Soup, Chili, Stew
- Trash receptacles
- Buckets
- Tarps

Rehabilitation operations should consider the scope of the incident, including the following:

- *Time*. Extended use of turnout gear; extended exposure to weather conditions
- *Complexity*. Crime scenes, standoffs, search operations, mass gatherings/public events, and so on
- *Intensity*. Mental and/or physical stress on a member, such as major extrications, actual fire attack, or interior search and rescue

Rehabilitation operations should consider hot weather conditions, including the following:

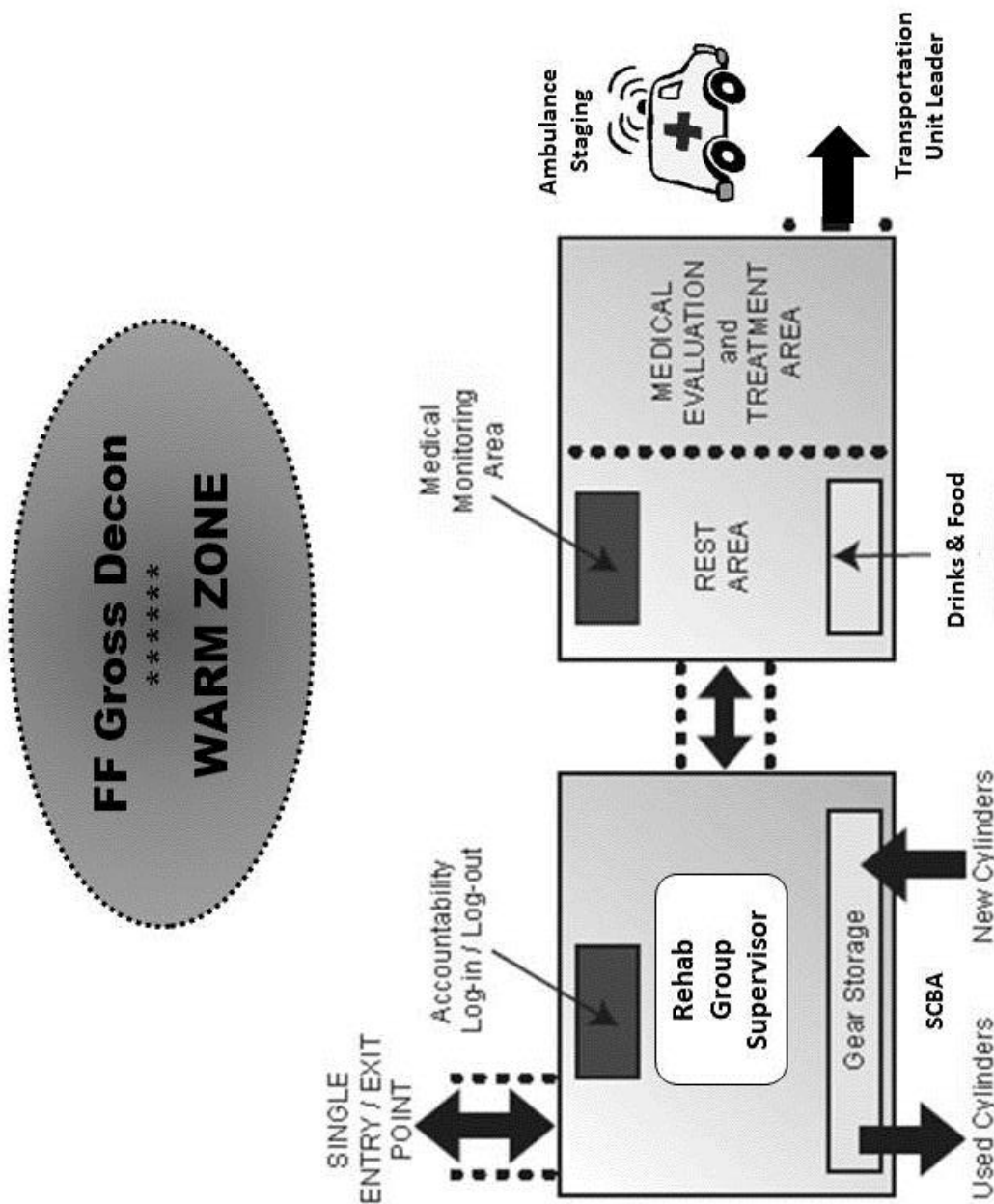
- Temperature
- Relative humidity
- Direct sunlight

Rehabilitation operations should consider cold weather conditions, including the following:

- Temperature
- Wind speed
- Moisture



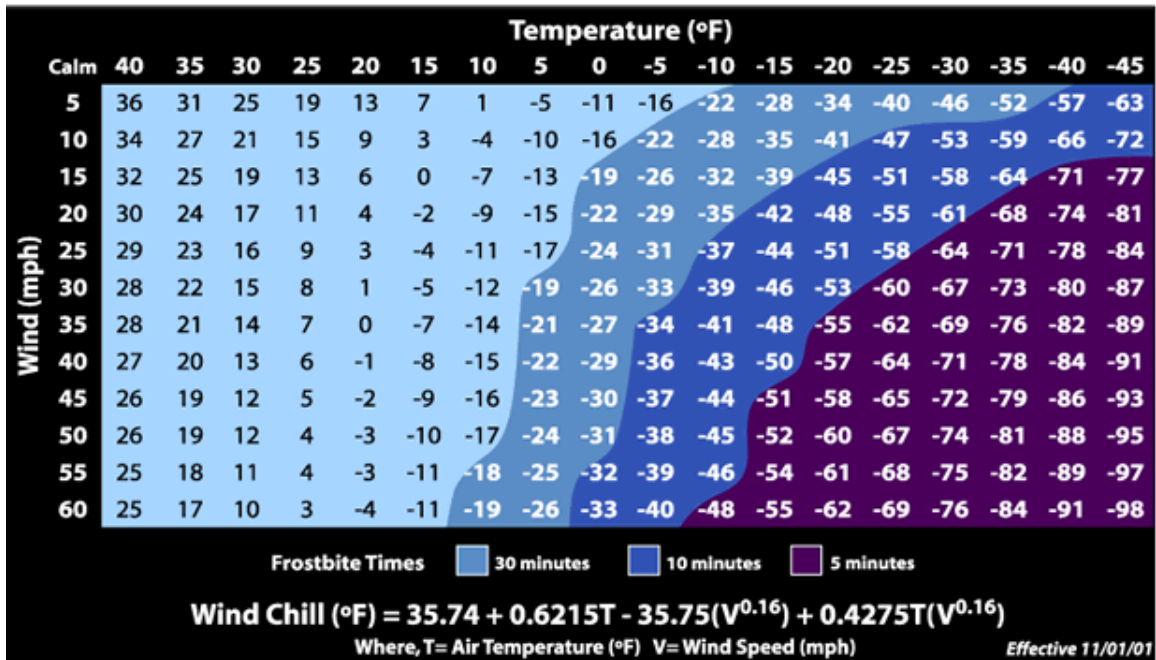
## SAMPLE LAYOUT OF A REHABILITATION AND EMS



## WEATHER CHARTS



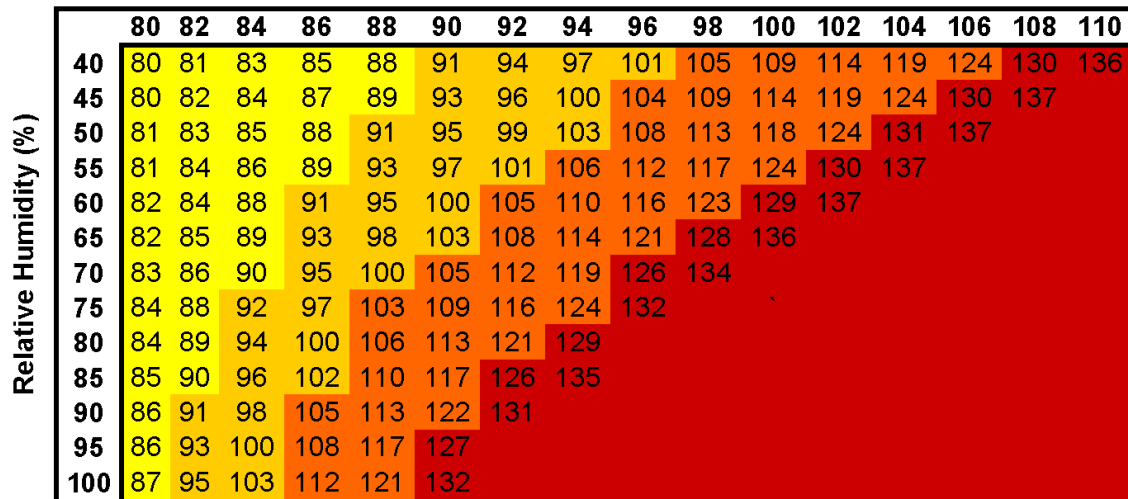
# NWS Windchill Chart



## NOAA's National Weather Service

### Heat Index

Temperature (°F)



Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

   Caution   
    Extreme Caution   
    Danger   
    Extreme Danger


# MABAS DIVISION 4


## REHAB FORMS



These documents must be turned over to the local Authority Having Jurisdiction / Incident Commander.

The Rehab Medical Logs are considered protected health information as defined by HIPAA.

 <h2 style="margin: 0;">REHAB MEDICAL LOG</h2>					Rehab Paramedics:				
					Rehab Unit #:				
					Incident Location:				
					Date & Time:				
					Temp:	Humidity:	Wind Speed:		
<b>* PERFORM GROSS DECON IN WARM ZONE *</b>									
FIREFIGHTER NAME			FIRE DEPT.		UNIT #	PASSPORT		TIME IN	TIME OUT
						IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/>			
FIREFIGHTER COMMENTS: C/O INJURY or EXPOSURE, ETC.								FF Initials	
Complaint of Injury or Illness?      Y      N									
# of SCBA Bottles Used:		30 / 45 / 60 minutes		<input type="checkbox"/> Released from Rehab to: <small>DIV/GRP</small>		<input type="checkbox"/> Treated by EMS		<input type="checkbox"/> Transported by EMS	
VITALS		NORMAL LIMITS		10 MINUTES		20 MINUTES		30 MINUTES	
Mental Status		Alert & Oriented		Y   N		Y   N		Y   N	
Blood Pressure:		80-160 S < 100 D							
Respirations:		12--20							
Pulse:		60--100							
SPO <sub>2</sub> :		95--100							
SPCO:		<10%							
Temperature:		95--100.6 °F							
Skin Condition:		Pink							
Glucose:		Normal 60-200							
COOLING / HEATING:					HYDRATION / NOURISHMENT:				
HAZ-MAT TECH		EKG:		WEIGHT:		DIVER		PERFORM RAPID FIELD NEURO EXAM - FILL OUT FORM <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
NOTES									

 <b>REHAB GROUP CHECK IN / OUT SUMMARY</b>							Rehab GRP SUPV: Rehab Unit #: Incident Location: Date & Time:		Released to: Division / Group		Notes:	
#	Name	Fire Dept.	Unit	Time In	10 Min. Vitals ✓	20 Min. Vitals ✓	30 Min. Vitals ✓	Time Out				
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## Rehab of SCUBA Divers

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## 14.0 DIVER - RAPID FIELD NEURO EXAMINATION - INSTRUCTIONS

- 14.1 Mental Status: Assess the divers post dive physical/neurological wellness. Ask the diver if he/she is having any abnormal sensation or disturbance of feeling, sight, hearing, breathing, movement or balance – if yes determine if abnormal sensation or disturbance can be ruled out as non-dive related – if rule out cannot be determined treat with high flow oxygen and transport to the nearest, appropriate hyperbaric chamber. If the diver experiences signs or symptoms of DCI, or has sustained a rapid ascent from greater than 30 feet of depth. Treat diver according to protocol and transport to closest appropriate hospital.

14.1.1 **Mental Status:**

- 14.1.1.1 Ask the diver to state his name, where he is, the time of day, and most recent activity. Evaluate his speech for clearness and appropriateness.

14.1.2 **Cranial Nerves:**

- 14.1.2.1 Sight/Eye Movements: Have the diver follow your finger with his eyes while keeping his head straight. Move your finger up, down, left, and right. Watch for Nystagmus. (Involuntary eye movement)

14.1.3 **Facial Movement:**

- 14.1.3.1 Place your fingers at the angle of the diver's jaw and ask him to clench his teeth.
- 14.1.3.2 Ask him or her to wrinkle their forehead as you smooth the skin.
- 14.1.3.3 Instruct him to stick his tongue out and move it in all four directions.
- 14.1.3.4 Check the diver's smile for symmetry.

14.1.4 **Head/Shoulder Movements:**

- 14.1.4.1 Ask the diver to tilt his head back and swallow. Watch for their "Adams Apple" to move. Push down lightly on his shoulders, ask him to shrug.
- 14.1.4.2 Put your hand on one side of the diver's face and ask him to push against. Do the same with the other side and on the forehead and back of the head.

14.1.5 **Hearing:**

- 14.1.5.1 Rub your fingers together close to the diver's ears to identify the sound he is to listen for. Ask him to close his eyes. Move your hand away from his ear and make the sound again. Continue to make the sound as you move your hand back towards the ear. Ask him/her to tell you when he can hear the sound again.

14.1.6 **Sensations:**

- 14.1.6.1 The objective is to evaluate the sense of light touch and make sure it's equal on both sides of the body.
- 14.1.6.2 Sensations are checked with the diver's eyes closed, pockets empty, and the diver dressed down to light clothing or bare skin.
- 14.1.6.3 Tell the diver that the light touch should feel normal and the same on both sides of his body.
- 14.1.6.4 Evaluate the body in sections, checking the rights and left side at the same time. Overlap the sections slightly.
- 14.1.6.5 Run your fingers across the forehead, down the side of the face, and along the jaw line.

- 14.1.6.6 Then run your fingers down the diver's chest, abdomen, front of arms, legs, and across the hands.
- 14.1.6.7 Turn him around and run your fingers down his back, buttocks, and the backs of the arms and legs.
- 14.1.7 **Muscle Tone:**
  - 14.1.7.1 The objective is to evaluate muscle tone and determine that it's equal on both sides of the body.
  - 14.1.7.2 Have the diver bend his arms, so that his hands meet in the center of his chest. With his arms bent have him bring his elbows up level with his shoulders (or demonstrate the move And say "Do this").
  - 14.1.7.3 Tell him to push against you as you push his elbows up, then down, and pull his hands away from his chest and push them back.
  - 14.1.7.4 To evaluate grip strength in each hand ask him to squeeze two of your fingers.
  - 14.1.7.5 **Leg evaluation, diver sitting:** Evaluate both legs. Put your hand on his thigh and ask him to pick the leg up against resistance. Then put your hand under the thigh and ask him to pull down. Put your hands on the front of his lower legs and ask him to push out. Then put your hands behind the leg and ask him to pull back.
  - 14.1.7.6 **Leg evaluation:** Diver supine evaluates both legs. Ask him to do a straight leg raise as you lightly push down on the leg. Have him bend the leg up and push against your hand as you hold his foot.
  - 14.1.7.7 **Foot evaluation:** Have the diver pull his feet up as you push them down and then push against your hands as if pushing on a pedal.
- 14.1.8 **Balance and Coordination:**
  - 14.1.8. The objective is to make sure that the diver can hold himself upright, move without being off balance and that he has normal hand-eye coordination. Protect the diver from falling.
  - 14.1.8.1 **Romberg Test:** Have the diver stand upright with his eyes closed, feet together and arms outstretched in front of him. Ask him to stand this way for several seconds. Then ask him to walk in place, bringing his knees up. Eyes remain closed.
  - 14.1.8.2 **Heel-shin slide:** If the diver is supine, have him place the heel of one foot on the opposite leg, just below the knee. Then have him run the heel down his shin to the ankle. Do both legs.
  - 14.1.8.3 **Alternating hand movements:** Have the diver alternately touch his index finger to his nose and then to your finger, held about 18" (.5 meters) away from his face. Repeat the movement several times and test both hands.
  - 14.1.9 **Vital Signs:**
    - 14.1.9.1 The objective is to evaluate the findings in the Rapid Field Neuro Exam in conjunction with the baseline vitals. (Blood Pressure, Pulse, Respirations)



# **ON-SCENE GROSS DECONTAMINATION GUIDELINES AND RESPONSIBILITIES**

## **PURPOSE**

To provide a framework for on-scene gross decontamination of personnel operating at the scene of an emergency or training exercise in order to ensure effective removal of dangerous carcinogens that might jeopardize the health and safety of personnel.

## **SCOPE**

This guideline applies to all fire department personnel and/or investigators. All personnel shall perform some level of gross decontamination immediately after exiting an IDLH atmosphere or "Hot" zone as environmental conditions allow. The decontamination station will be set up by an engine company close to where firefighters are exiting an IDLH atmosphere (Decontamination Area). The decontamination hose line should be operated off a fire engine. All Fire department personnel and/or investigators shall take advantage of decontamination procedures prior to removing their contaminated PPE and/or prior to reporting to Rehab. The hose line will also be used for post incident decontamination of firefighters and/or investigators.

Individuals performing the decontamination should wear at the minimum, PPE including eye protection, respiratory protection (N95 mask), and EMS gloves. If practical, crews should perform gross decontamination while still on air. Staying on air will prevent firefighters from getting contaminants splashed onto their skin and also protect them from inhaling airborne contaminants that are off-gassing from their PPE.

## **RESPONSIBILITIES**

### **Incident Commander**

The Incident Commander (IC) has the responsibility and authority to implement all provisions of the operational guideline. The Incident Commander is to consider circumstances of each incident and make adequate provisions early in the incident for the on-scene gross decontamination for all members operating at the incident.

### **Line Personnel**

All personnel are responsible for ensuring on-scene gross decontamination occurs shortly after exiting an IDLH atmosphere or "Hot" zone and prior to reporting to REHAB or leaving the incident.

## **LOCATION**

The decontamination station will be set up by an engine company close to where firefighters are exiting an IDLH atmosphere ("Warm" zone).

## **EQUIPMENT REQUIREMENTS**

Items needed to set up a decontamination station are listed below:

- Garden hose to 2½" adapter
- Garden hose (A hand line at reduced pressure is acceptable)
- Fog nozzle or wand
- Heavy duty brush
- Respiratory protection (N95 masks)
- EMS gloves
- Body wipes

## **PROCEDURE**

### **Wet Decontamination Procedures:**

If conditions and circumstance allows for thorough decontamination procedures, follow these steps below to complete gross decontamination on firefighters and other fire department personnel exiting the "Hot" zone:

1. Close all pockets and flaps.
2. While still on air and fully encapsulated, working from the head down, brush off and/or rinse visible contaminants on PPE, SCBA tank, and connections.
3. Remove and rinse helmet.
4. With hood in place, wipe off hood, face piece, and regulator with baby wipes.
5. Unhook regulator and remove face piece.
6. Carefully remove hood.
7. Wipe off face, neck, and hands with body wipes.
8. Report to Rehab.

### **Dry Decontamination Procedures:**

During cold inclement weather or if there is concern regarding the process of soaking firefighters while performing a wet decontamination, follow the steps below at a minimum to complete gross decontamination on firefighters and other fire department personnel exiting the "Hot" zone:

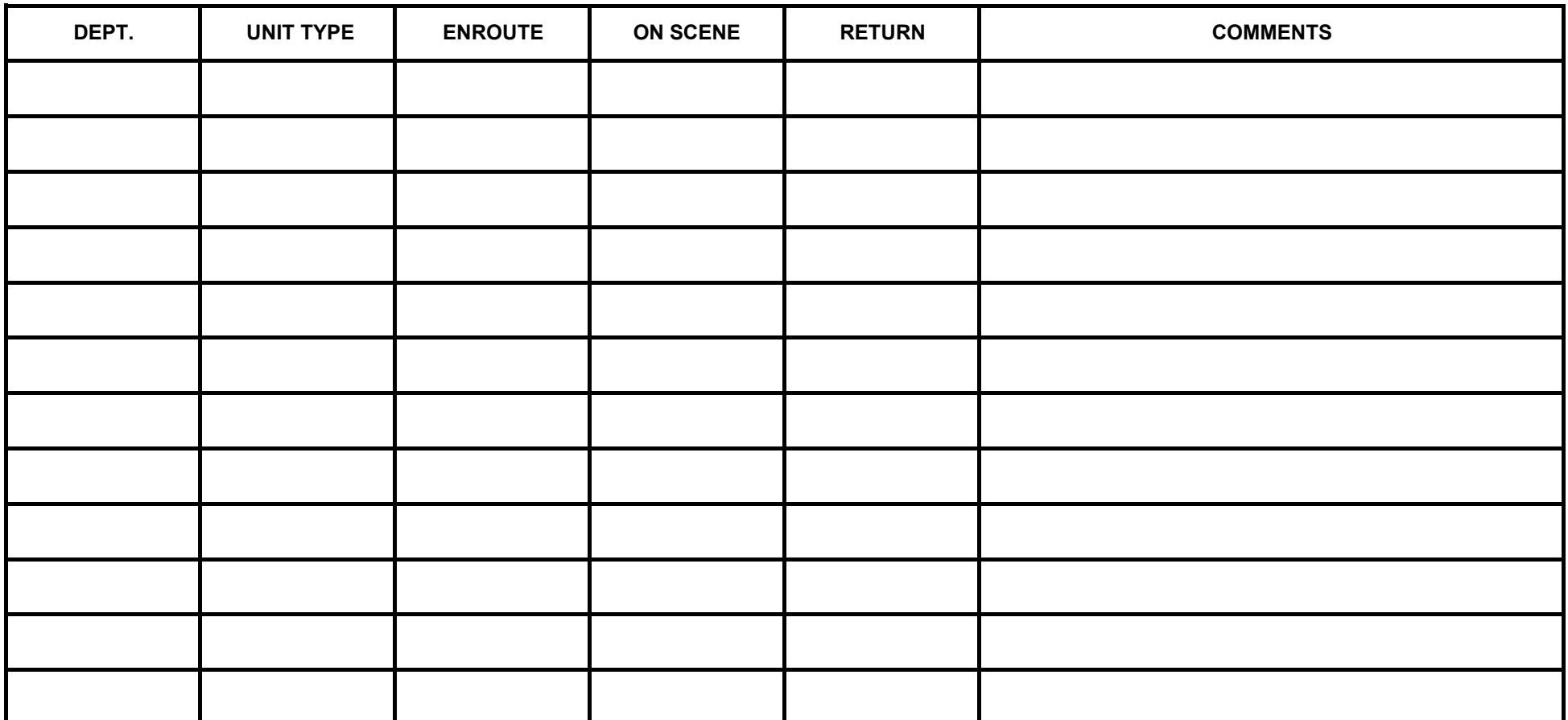
1. Working from the head down, brush off all large particles from PPE.
2. Use damp towels or wet wipes to wipe the area around the firefighter's face piece to suspend any particulate matter.
3. Attempt to remove all of the visible contaminants before doffing any part of the PPE.
4. Wipe off face, neck, and hands with body wipes as the environment allows.
5. Report to Rehab.

## **POST - INCIDENT DECONTAMINATION**

All fire department members shall thoroughly decontaminate themselves and their equipment according to individual department policy once back in quarters.

Showering and gear washing is recommended.

**It is strongly recommended to adhere to these minimum gross decontamination standard operating guidelines on the scene of all incidents where dangerous materials are present and can pose a health risk if not removed from PPE and skin in a timely manner.**



[illegible]



## MABAS DIVISION 4

### Standard Operating Procedure

**SUBJECT:**  
Incident Management  
Team (IMT)

**S.O.G.**  
  
IMT-2014

**Original:**  
8/12/2014

**Updated - Draft**  
5/23/2016

**Approved:**  
5/25/2016

**Effective:**  
6/1/2016

# Standard Operating Procedure for the Incident Management Team (IMT)

## **Purpose & Scope:**

The purpose of the IMT team is to provide assistance as needed at both emergency incidents and non-emergency/special events that occur within Division 4. The team is established to be a Type 4 team and should function according to standards for local Type 4 teams as determined by the US Fire Administration and the National Incident Management System (NIMS).

### **1. Membership**

- 1.1 The IMT team will consist of qualified Chief Officers of Departments/Districts within Division 4. Local rank is not a criterion for team membership, but a high degree of emergency incident experience is recommended and expected. An individual's training and experience should be commensurate with that individual's functional position on the team.
- 1.2 Applications will be accepted annually. Interested Chief Officers are to submit their application at a pre-designated time by the MABAS Division 4 President or his designee so that the IMT box card can remain current.

### **2. IMT Positions:**

Deputy Incident Commander – can be used as relief of the IC or as the senior advisor to the IC.

Information Officer (PIO) – should be used to collect verifiable information about the incident and present briefings to the media. Also, establishes a Public Information System to filter information requests and to implement additional information releases to the public.

Liaison Officer – maintains contact with assisting and supporting agencies and Non-Governmental Organizations (NGOs), develops a listing of available assets from those agencies and organizations, and communicates to them their roles in the incident.

Planning Section Chief – works to keep the IC and Operations Section Chief informed with current situation reports, provides contingency planning, plans for incident demobilization, maintains personnel and equipment accountability, and documents the entire incident.

Logistics Section Chief – analyzes support and service needs for the incident and responders, acquires resources and supplies through approved ordering systems, and provides input to the Planning and Operations sections relating to future needs.

Communications Unit Leader – works with Logistics to maintain adequate communications channels, assigns hardware and frequencies to participants.

Intelligence Position – performs a variety of roles for the IC or other functional roles, such as providing information and intelligence to the C&GS, as assigned. Collects data for analysis and possible dissemination to other agencies in cooperation with Fire Intelligence Officer at the State Terrorism and Intelligence Center.

Safety Officer - Presumably, a local safety officer is present at every incident. Large and/or complex incidents may need additional personnel assigned to safety in order to monitor operations, identify hazards, track injuries, Issue safety messages, and take remedial actions.

Whatever roles a local divisional team occupies, if it is called an IMT it should remain within their capability to operate as an ICS defined IMT, and to be able to transition to a regional, state, or federal IMT as the incident dictates. Expansion of response beyond this shall be based on recommendation of the Incident Commander.

- 2.1 Expanding the incident for the relief of the IMT or to a type 3 team should be considered for incidents that will involve multiple operational periods and/or resources.

### 3. **Training**

- 3.1 IMT Team Members must have the following training:

Command and General Staff (CGS) or ICS 300 and 400  
Unified Command  
IS 700 and 800  
Incident Safety Officer (State, FDSOA, or NGA) for Safety Chief

Other courses, such as Hazardous Materials Incident Command, All Hazards Incident Management Team, and position specific training are recommended and encouraged.

- 3.2 Team training / meetings will take place four (4) times per year as scheduled by the Team Leader. Dates and times of quarterly training sessions for the Team will be distributed to approved members by the MABAS Division 4 President or his designee. Additional training opportunities will be identified and members will be notified as such.
- 3.3 It is required that IMT Members attend three (3) of the five (5) training/meetings. Two (2) of the five (5) can be outside courses that are approved by the IMT Members. If a MABAS Division 4 Board of Directors Meeting is cancelled so will the IMT training/meeting be cancelled and the required hours will be prorated.

#### 4. **Activation**

4.1 The MABAS Division 4 IMT will be notified to respond by the MABAS Division 4 Dispatch (CENCOM) for the following types of incidents automatically using the “***I Am Responding***” notification system:

4.1.1 At the 2<sup>nd</sup> alarm level for commercial, industrial, and multi-family.

4.1.2 At the 2<sup>nd</sup> alarm level for technical rescue incidents, including but not limited to: water rescue/recovery, hazardous materials, structural collapse, trench, confined space, high angle, and wildland incidents.

4.1.3 At the 4<sup>th</sup> alarm level for all residential incidents.

4.1.4 At the request of a member agency for any level box alarm or for non-emergency/special event.

- The IMT should be listed on box cards as ***MABAS 4 IMT***

4.2 The IMT can be activated by designation on approved box cards, at the request of the Incident Commander, or through the EOC of any stricken Division 4 community.

4.3 The Division will be divided into two sections so that any activation draws members for an unaffected area. Team make-up should include provisions for rotating deployment positions to cover the inevitable absences or prior incident commitments of team members.

#### 5. **IMT Operations**

5.1 The UCP-13 (Unified. Command Post) will be dispatched with the IMT to be used for communications and coordination.

5.2 The initial operations of IMT members will include the following:

- Complete an ICS-201 Form; Incident Briefing.
- Support the local Incident Commander as requested to fill in ICS positions as needed.
- Develop an Incident Action Plan for emergencies or events that will last more than one (1) operational period; typically longer than 12 hours.





# MABAS DIVISION 4

## Incident Management Team (IMT) Application

### Applicant Information

Applicant Full Name (Last, First, Middle): \_\_\_\_\_

Title: \_\_\_\_\_

Employer/Department: \_\_\_\_\_

Work Address (Number & Street, City, State, ZIP): \_\_\_\_\_

Home Address (Number & Street, City, State, ZIP): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone & Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Date of Birth (Month/Date/Year): \_\_\_\_\_

### Professional Experience

#### Position

#### Years of Experience

Chief Officer Level

\_\_\_\_\_

Company Officer

\_\_\_\_\_

Firefighter

\_\_\_\_\_

### NIMS and ICS Training

#### Course

#### Date Completed

IC 700

\_\_\_\_\_

IC 800

\_\_\_\_\_

ICS 100

\_\_\_\_\_

ICS 200

\_\_\_\_\_

ICS 300	_____
ICS 400	_____
Unified Command	_____
Command and General Staff	_____
All Hazard IMT	_____

List any other course work relevant to the position and dates completed:

Course	Date Completed
_____	_____
_____	_____
_____	_____
_____	_____

**Applicant Signature**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer / Department Authorization**

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

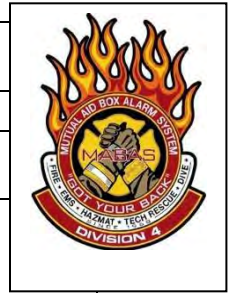
**Chief Elected Official / Agency Administrator Authorization**

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Mutual Aid Box Alarm System Division 4 (Fire Investigation)</b>			
Index #	Adopted: APRIL-2011	Revised:	Page 1 of 2
Subject: Fire Investigation Functional Area: Operations Category: Fire Investigation Approved : MABAS Division 4			



**Purpose:**

To recommend the use of mutual fire investigation, provide consistency in training, certification and investigatory practices and collaborative working relationships in MABAS Division 4.

**Responsibility:**

This Policy would apply to all MABAS Division 4 member agencies. All fire departments in MABAS Division 4 would follow this policy as it would all the M.A.B.A.S. Division 4 General Operating Procedures

**Accountability:**

The enforcement of this policy would rest initially with the Policy and Procedures Committee of MABAS Division 4 and subsequently the MABAS Division 4 Executive Board and the MABAS Division 4 membership

**Reporting Requirement:**

The only reporting requirement for this policy is that of fire investigator certification and or re-certification which is provided for by the Illinois Office of the State Fire Marshal.

**Background:**

The fire chief of every municipality in which a fire department is established and the fire chief of every legally organized fire protection district shall investigate the cause, origin and circumstance of every fire occurring in such municipality or fire protection district, or in any area or on any property which is furnished fire protection by the fire department of such municipality or fire protection district, by which property has been destroyed or damaged, and will especially make investigation as to whether such fire was the result of carelessness or design. (425 ILCS 25/6)(Ch.127 1/2 par. 6). Fire Investigation has become more specialized and accountability for this specialization has been recognized through NFPA Standards 1033 and 921 as well as the requirements by the Office of the State Fire Marshal for certification and recertification of Fire and Arson Investigators. The MABAS Organization has also recognized that Fire Investigation is a specialized functional arena that may expand beyond the efforts and capabilities of a single agency thus requiring the resources of other agencies.

**Policy or Procedure or Guideline:**

MABAS Division 4 hereby establishes the following fire investigation policy:

1. All Fire Investigators participating as a MABAS Division 4 Fire Investigator shall maintain, as a minimum, the Office of the Illinois State Fire Marshal Fire Investigator certification. It is recommended that investigators strive to attain training and certification that is beyond the required minimums. It is imperative that each investigator remain current with investigation methodology, laws applicable to fire investigation, criminal law, rules of evidence collection, evidence collection practices, fire protection technology, fire behavior, current code requirements and any other training/knowledge bases that would be expected of a fire investigator. It is the responsibility of each individual department to insure compliance with this requirement.

**Mutual Aid Box Alarm System Division 4  
(Fire Investigation)**

Index #	Adopted: APRIL-2011	Revised:	Page 2 of 2
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2. MABAS Division 4 Fire Investigators shall comply with the requirements of NFPA 1033 Standard for Professional Qualifications for Fire Investigator and be familiar with the use of NFPA 921 Guide for Fire and Explosion Investigations.
3. MABAS Division 4 fire investigators shall work closely and collaboratively with all fire and police agencies and any other public agencies or task forces involved in a fire investigation that the investigator may be a part of.
4. MABAS Division 4 fire investigators shall work under the command and incident management structure for the incident/stricken community they have been requested to.
5. Mutual Aid fire investigators shall be requested through the Mutual Aid Box Alarm System or if a non-box alarm level event, the Incident Commander will then request mutual aid investigators through the dispatch center of the stricken community.
6. Mutual Aid Fire Investigators shall be listed on a Fire Department's box card starting on the level of the alarm the Fire Department would like them listed at. It is recommended that mutual aid fire investigators be brought in as Strike Teams of 3-5 investigators per level and as many levels as deemed necessary for that card. It is not necessary for a Department to have multiple levels of investigators if they chose not to. Investigators shall be listed in the **Special Equipment** section of all structure fire box alarm cards. **Separate "Investigator Box Alarm Cards" shall not be utilized.** See Attachment A for an example of a proper box alarm card.
7. Investigators in MABAS Division 4 will work towards standardization of training, forms, investigation processes, reporting procedures, training and professional relationships that will enhance the function and effort of fire investigation within the Division.
8. The importance of local level fires (high value vehicles and the like) may require a Department to request assistance with the investigation of the fire. By policy under the MABAS Agreement, a department does not need to have a box alarm to cover all the legalities of a mutual aid fire investigator.
9. Safety of the fire investigator and the use of appropriate personal protective equipment shall be observed at all times. Atmospheric monitoring shall be conducted prior to scene entry and the atmosphere re-monitored as long as investigators are working at the scene. Structural stability shall be assessed
10. A representative of the stricken Fire Department shall remain on the scene with any mutual aid fire investigators. Additional resources that may be needed by the investigator shall be the responsibility of the stricken Department.

**Conclusion:**

The use of Mutual Aid Fire Investigators can help a stricken department effectively and efficiently investigate the origin and cause of a fire without overtaxing and expending all of their own resources. This policy will also lead to standardization of fire investigation processes and methodologies throughout MABAS Division 4 and lead to improved working relationships among fire investigators, the law enforcement community, associated task forces and the States Attorney office. Investigation of fires as a strike team should enhance an investigator's experience level and knowledge base in fire investigation.



# MABAS Division 4 Fire Investigation



**Incident Date:**

**CASE SUPERVISION**

**Case Number:**

**Incident Location:**

**Incident Town:**

**Fire Department Jurisdiction:**

**Fire Department Contact:**

**Police Jurisdiction:**

**Police Contact:**

This sheet will assist in keeping track of the progress of the investigation. Indicate what has been done, what needs to be done, assignments, dates and so forth, in the remarks section. The lower portion should be used to record routine checks or rechecks and other information pertinent to the investigation.

Form #	Description	Complete	Date		Investigator
Form 1	Any Fire	<input type="checkbox"/> Complete	Date:	<input type="checkbox"/> N/A	
Form 2	General Information	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 3	Causalities	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 4	Wild Land	<input type="checkbox"/> Complete	Date:	<input type="checkbox"/> N/A	
Form 5	Evidence	<input type="checkbox"/> Complete	Date:	<input type="checkbox"/> N/A	
Form 6	Vehicle	<input type="checkbox"/> Complete	Date:	<input type="checkbox"/> N/A	
Form 7	Photo Log	<input type="checkbox"/> Complete	Date:	<input type="checkbox"/> N/A	
Form 8	Electrical Panel	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 9	Fire Scene Utility Doc.	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 10	Structure Information	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 11	Additional Interviews	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 12	Additional Occupants	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 13	Entry Log	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 14	Narrative	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 15	Insurance	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 16	Witness Statement	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 17	Fire Invest. Questionnaire	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 18	VIN Check Digit Form	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



**Incident Date:**

**CASE SUPERVISION**

**Case Number:**

**Incident Location:**

**Incident Town:**

**Fire Department Jurisdiction:**

**Fire Department Contact:**

**Police Jurisdiction:**

**Police Contact:**

This sheet will assist in keeping track of the progress of the investigation. Indicate what has been done, what needs to be done, assignments, dates and so forth, in the remarks section. The lower portion should be used to record routine checks or rechecks and other information pertinent to the investigation.

Form #	Description	Complete	Date		Investigator
Form 19	Follow Up Report	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 20	Consent to Search	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 21	Statement of Rights	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 22	Statement of Rights	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 23	Statement of Rights	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 24	Authority To Release Info	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	
Form 25	Voluntary Statement	<input type="checkbox"/> Complete	Date	<input type="checkbox"/> N/A	

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## INVESTIGATORS

Lead Investigator	Photos	Video
Sketch	Interviews	
Lead Investigator		

## TYPE OF OCCUPANCY

Location Address			
Property Description	<input type="checkbox"/> Structure	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Wildland	<input type="checkbox"/> Other
Other Relevant Information:			

## WEATHER CONDITIONS

Indicate Relevant Weather Information	Visibility	Rel Humidity	Lightning	Elevation
	Temperature	Wind Direction	Wind Speed	Precipitation

## PROPERTY OWNER

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

## PROPERTY OCCUPANT

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

## FIRE DISCOVERED BY

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## FIRE REPORTED BY

Name:	Date of Birth:
Address:	
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

## INVESTIGATION INITIATION

Request Date	
Request Time	
Request By	

## SCENE INFORMATION

Arrival Information	Date: _____ Time: _____ Comments:
Scene Secured	Yes <input type="checkbox"/> No <input type="checkbox"/> Securing Agency _____ Manner of Security _____
Authority to Enter	Contemporaneous to exigency Yes <input type="checkbox"/> No <input type="checkbox"/> Consent Written <input type="checkbox"/> Verbal <input type="checkbox"/> Warrant Administrative <input type="checkbox"/> Criminal <input type="checkbox"/> Other <input type="checkbox"/>

## OTHER AGENCIES INVOLVED

	Department	Incident #	Contact	Phone #
Primary Fire Dept				
Other Fire Dept				
Law Enforcement				
Insurance Company				
Private Investigator				

**Additional Notes:**

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_





# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## Patient's Description

Name:	DOB:	Sex/Race
Address		Phone
Other Identifiers		
Description of clothing or jewelry		
Occupation	Place of employment	
Marital status		
Victim's Doctor	Victim's Dentist	
Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

## Casualty Treatment

Treated at Scene <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated By
Transported to:	Remarks

## Severity of Injury

<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Death
Describe Injury

## Next of Kin

Name:	Address:	Phone:
Relationship:	Notified On:	By:

## Fatality Information

Where was victim found:	
Who Located the body:	
Body position when found:	
Victim's appearance:	
Body removed by:	To:
Photographed in place: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Significant blood present under/near victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Medical Examiner/Coroner

Agency:	Location:	Date of Exam:	
Autopsy Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Copy Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Body X-Rays <input type="checkbox"/> Yes <input type="checkbox"/> No	Other X-Rays		
Identification made from <input type="checkbox"/> Physical Appearance <input type="checkbox"/> Dental Records <input type="checkbox"/> Finger Prints <input type="checkbox"/> Prior Injury Comparison <input type="checkbox"/> Other			
Condition of Trachea	CO Level	Blood Alcohol	Other
Evidence of pre-fire injury <input type="checkbox"/> Yes <input type="checkbox"/> No		Type/Location	
Blood samples taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Other specimens collected	
Cause of Death			

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

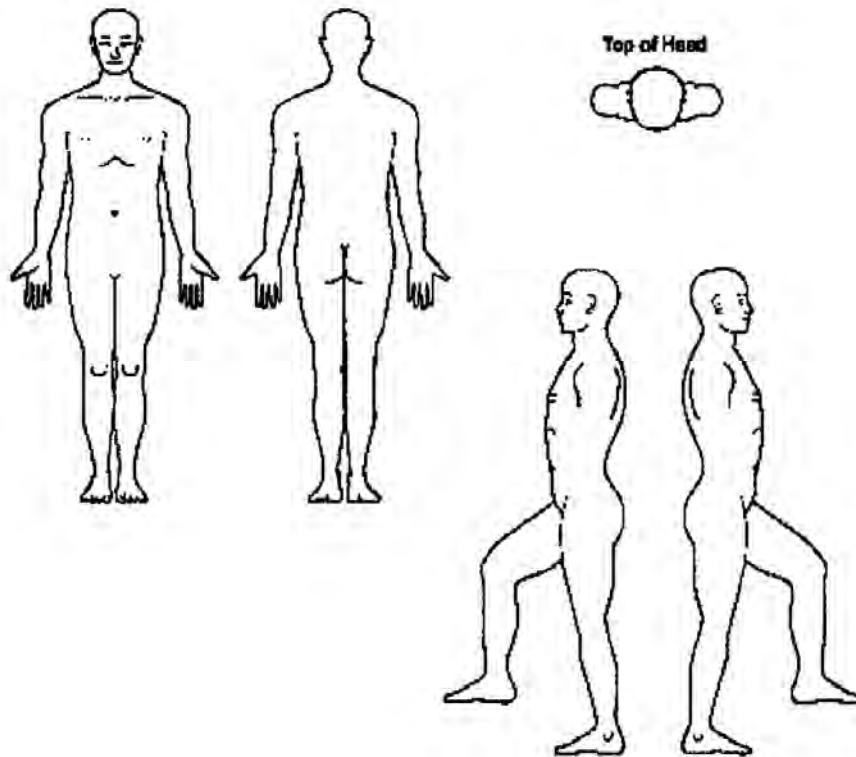
Case Number:

**Remarks:**

## Body Diagram

Indicate parts of body injured

☐ None ☐ Blisters (red marks) ☐ Burns (black marks)



Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## Property Description

--

## Fire Damage

<input type="checkbox"/> Less than one acres	# of acres	Other properties involved
Security <input type="checkbox"/> Open <input type="checkbox"/> Fenced	Comments	

## Fire Spread Factors

Type Fire <input type="checkbox"/> Ground <input type="checkbox"/> Crown	Factors <input type="checkbox"/> Wind <input type="checkbox"/> Terrain
--	--

## Remarks

--

## Area of Origin

--

## People in Area

At time of fire <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Comments
---	----------

## Ignition Source

Heat of ignition			
Material ignited			
Ignition factor			
If equip involved	Make	Model	Serial #

## Remarks

--

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## EVIDENCE

### Storage Location

Item#	Description	Location	
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released
			<input type="checkbox"/> Destroyed <input type="checkbox"/> Released

Date Received

Date Stored

How was evidence received?

☐ Removed from scene by investigator

☐ Received by investigator From

Name, Company or Department

Received via: ☐ UPS ☐ Fedex ☐ Airborne ☐ USmail ☐ In Person

☐ Freight company (name of company)

☐ Other (describe)

Received By

Case Investigator

**LOCATION EVIDENCE REMOVED**

Owner:

Company

Address

City, State, Zip

Phone

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

INTERNAL EXAMINATION			
Investigator	Date Pulled	Date Examined	Date Returned

EVIDENCE DESTRUCTION	
Authorized By	Date
Investigator Authorization	Date
Destroyed By	Date

EVIDENCE RELEASE	
Signature of person receiving evidence	
Person receiving evidence	Date
Company Name	
Address	
City	State Zip
Authorized By	Date
Released via	Date

Notes:

EXAMINATION BY OTHERS				
Name	Date			
Company				
Address				
City	State	Zip		
Authorized By	Date			
Investigators authorization				
Name	Date			
Company				
Address				
City	State	Zip		
Authorized By	Date			
Investigators authorization				
Name	Date			
Company				
Address				
City	State	Zip		
Authorized By	Date			
Investigators authorization				

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## VEHICLE

Insured:  
Address:  
City, State, Zip:  
Phone #:  
Loss Location:  
Stolen? \_\_\_ Yes \_\_\_ No  
Recovered by:

Date of Inspection:  
Inspection Location:  
Fire Report:  
Police Report:  
Number of Keys:  
Alarm Type:  
Location:

## VEHICLE INFORMATION

Make:	Model:	Year:
VIN:	Odometer:	

## EXTERIOR

Tires	Tire Type	Wheel Type	Tread Depth	Lugs	Missing
Left Front					
Left Rear					
Right Front					
Right Rear					
Spare					

## DOORS

Doors	Glass Y/N	Window Up/Down	Locked?	Open	Prior Damage
Left Front					
Left Rear					
Right Front					
Right Rear					

## BODY PANEL

Body	Construction	Condition	Prior Damage
Front Bumper			
Grill			
LF Fender			
Rear Bumper			
LR Quarter			
RR Quarter			
RF Fender			
Hood			
Roof			
Trunk			

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## UNDER HOOD

	Intact	Missing	Parts Missing	Condition
Engine				
Battery				
Belts & Hoses				
Wiring				
Accessories				

## FLUIDS

OIL				
Transmission				
Power Steering				
Brake				
Clutch				
Radiator				

## INTERIOR

	Intact	Missing	Parts Missing	Condition
Dash Pod				
Glove Box				
Steering Column				
Ignition				
Front Seat				
Rear Seat				
Rear Deck				
Stereo				
Speakers				
Accessories				

## FLOOR

	Intact	Missing	Parts Missing	Condition
LF				
LR				
RL				
RF				

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



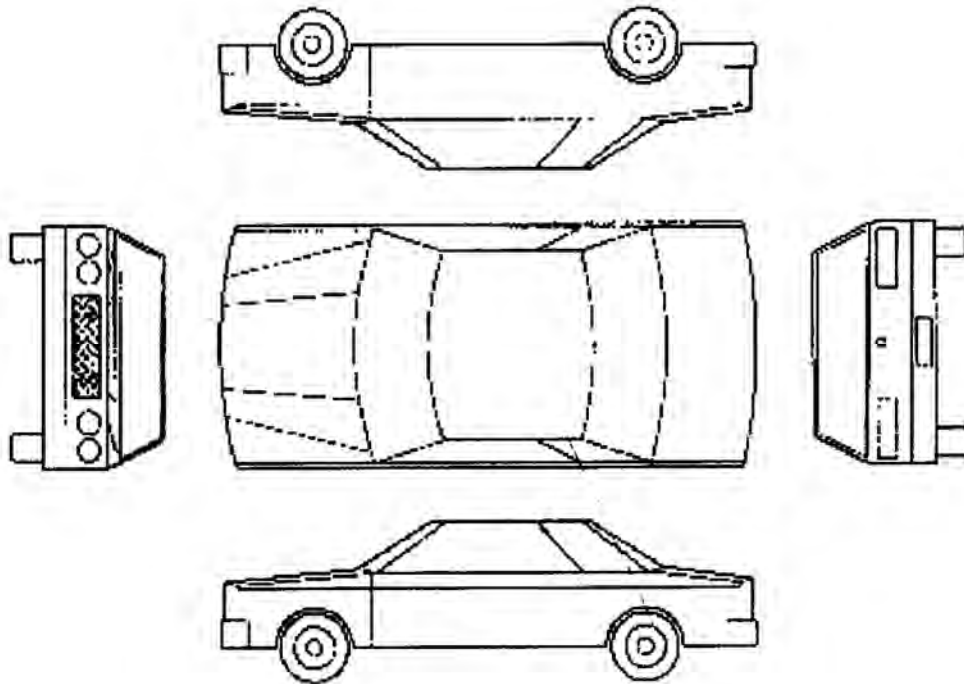
Incident Date:

Case Number:

Personal Effects in the interior:

Truck or cargo area:

Aftermarket items not previously described:



Investigator's Signature:

Reviewed By:





# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LOG

Roll Number:		# of Exposures:	Film Speed:	ASA:
Camera Make:		Camera Type:	Film Type:	
Number	Description	Location		
Photos taken by:			Department:	
Notes:				

Investigator's Signature: \_\_\_\_\_ Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LOG

Roll Number:		# of Exposures:	Film Speed:	ASA:
Camera Make:		Camera Type:	Film Type:	
Number	Description	Location		
Photos taken by:			Department:	
Notes:				

Investigator's Signature: \_\_\_\_\_ Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LOG

Roll Number:		# of Exposures:	Film Speed:	ASA:
Camera Make:		Camera Type:	Film Type:	
Number	Description	Location		
Photos taken by:			Department:	
Notes:				

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LOG

Roll Number:		# of Exposures:	Film Speed:	ASA:
Camera Make:		Camera Type:	Film Type:	
Number	Description	Location		
Photos taken by:			Department:	
Notes:				

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LOG

Roll Number:		# of Exposures:	Film Speed:	ASA:
Camera Make:		Camera Type:	Film Type:	
Number	Description	Location		
Photos taken by:			Department:	
Notes:				

Investigator's Signature:

Reviewed By:

# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LOG

Roll Number:		# of Exposures:	Film Speed:	ASA:
Camera Make:		Camera Type:	Film Type:	
Number	Description	Location		
Photos taken by:		Department:		
Notes:				

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LAYOUT GUIDE

↑ North

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LAYOUT GUIDE

↑ North

Investigator's Signature:

Reviewed By:





# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## PHOTO LAYOUT GUIDE

↑ North

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## ELECTRICAL PANEL

Panel Location	Main Size	
		<input type="checkbox"/> Fuses:
		<input type="checkbox"/> Circuit Breakers

#	Rating Amps	Labeled Circuit	Status	#	Rating Amps	Labeled Circuit	Status
1				2			
3				4			
5				6			
7				8			
9				10			
11				12			
13				14			
15				16			
17				18			
19				20			
21				22			
23				24			
25				26			
27				28			
29				30			

Notes:

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## ELECTRICAL PANEL

Panel Location	Main Size	
		<input type="checkbox"/> Fuses:
		<input type="checkbox"/> Circuit Breakers

#	Rating Amps	Labeled Circuit	Status	#	Rating Amps	Labeled Circuit	Status
1				2			
3				4			
5				6			
7				8			
9				10			
11				12			
13				14			
15				16			
17				18			
19				20			
21				22			
23				24			
25				26			
27				28			
29				30			

Notes:

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## ELECTRICAL PANEL

Panel Location	Main Size	
		<input type="checkbox"/> Fuses:
		<input type="checkbox"/> Circuit Breakers

#	Rating Amps	Labeled Circuit	Status	#	Rating Amps	Labeled Circuit	Status
1				2			
3				4			
5				6			
7				8			
9				10			
11				12			
13				14			
15				16			
17				18			
19				20			
21				22			
23				24			
25				26			
27				28			
29				30			

Notes:

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## FUSE PANEL DOCUMENTATION

Fire Location:	Date:	File #
Panel Location:	Number of Fuses	
Fuse Main Size if Applicable	[ ] Main Panel	[ ] Sub Panel

<div>OK Open UD</div> <div>1</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>	<div>OK Open UD</div> <div>2</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>
<div>OK Open UD</div> <div>3</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>	<div>OK Open UD</div> <div>4</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>
<div>OK Open UD</div> <div>5</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>	<div>OK Open UD</div> <div>6</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>
<div>OK Open UD</div> <div>7</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>	<div>OK Open UD</div> <div>8</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>
<div>OK Open UD</div> <div>9</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>	<div>OK Open UD</div> <div>10</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>
<div>OK Open UD</div> <div>11</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>	<div>OK Open UD</div> <div>12</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>
<div>OK Open UD</div> <div>13</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>	<div>OK Open UD</div> <div>14</div> <div>Amperage Rating</div> <div>Labeled Circuit _____</div>
Documented	

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## SERVICE PANEL DOCUMENTATION

Address/Location: \_\_\_\_\_  
Panel Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Panel Manufacturer: \_\_\_\_\_ [ ] Unknown  
Main Size: \_\_\_\_\_ [ ] Breakers [ ] Fuses [ ] Both  
[ ] Main Panel [ ] Sub Panel

1	[ ] On [ ] Off [ ] Undetermined	2	[ ] On [ ] Off [ ] Undetermined
3	[ ] On [ ] Off [ ] Undetermined	4	[ ] On [ ] Off [ ] Undetermined
5	[ ] On [ ] Off [ ] Undetermined	6	[ ] On [ ] Off [ ] Undetermined
7	[ ] On [ ] Off [ ] Undetermined	8	[ ] On [ ] Off [ ] Undetermined
9	[ ] On [ ] Off [ ] Undetermined	10	[ ] On [ ] Off [ ] Undetermined
11	[ ] On [ ] Off [ ] Undetermined	12	[ ] On [ ] Off [ ] Undetermined
13	[ ] On [ ] Off [ ] Undetermined	14	[ ] On [ ] Off [ ] Undetermined
15	[ ] On [ ] Off [ ] Undetermined	16	[ ] On [ ] Off [ ] Undetermined
17	[ ] On [ ] Off [ ] Undetermined	18	[ ] On [ ] Off [ ] Undetermined
19	[ ] On [ ] Off [ ] Undetermined	20	[ ] On [ ] Off [ ] Undetermined
21	[ ] On [ ] Off [ ] Undetermined	22	[ ] On [ ] Off [ ] Undetermined
23	[ ] On [ ] Off [ ] Undetermined	24	[ ] On [ ] Off [ ] Undetermined
25	[ ] On [ ] Off [ ] Undetermined	26	[ ] On [ ] Off [ ] Undetermined
27	[ ] On [ ] Off [ ] Undetermined	28	[ ] On [ ] Off [ ] Undetermined
29	[ ] On [ ] Off [ ] Undetermined	30	[ ] On [ ] Off [ ] Undetermined
31	[ ] On [ ] Off [ ] Undetermined	32	[ ] On [ ] Off [ ] Undetermined
33	[ ] On [ ] Off [ ] Undetermined	34	[ ] On [ ] Off [ ] Undetermined
35	[ ] On [ ] Off [ ] Undetermined	36	[ ] On [ ] Off [ ] Undetermined
37	[ ] On [ ] Off [ ] Undetermined	38	[ ] On [ ] Off [ ] Undetermined
39	[ ] On [ ] Off [ ] Undetermined	40	[ ] On [ ] Off [ ] Undetermined

Documented By: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## SERVICE PANEL DOCUMENTATION

Fire Location:		Date:	File #
Panel Location:	Main Size:	Breakers:	Fuses:
[ ] Main Panel		[ ] Sub Panel	

On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD
1	2	3	4	5	6	7	8
On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD	On Off Trip UD
9	10	11	12	13	14	15	16

#1	Amperage Rating	_____	Labeled Circuit	_____
#2	Amperage Rating	_____	Labeled Circuit	_____
#3	Amperage Rating	_____	Labeled Circuit	_____
#4	Amperage Rating	_____	Labeled Circuit	_____
#5	Amperage Rating	_____	Labeled Circuit	_____
#6	Amperage Rating	_____	Labeled Circuit	_____
#7	Amperage Rating	_____	Labeled Circuit	_____
#8	Amperage Rating	_____	Labeled Circuit	_____
#9	Amperage Rating	_____	Labeled Circuit	_____
#10	Amperage Rating	_____	Labeled Circuit	_____
#11	Amperage Rating	_____	Labeled Circuit	_____
#12	Amperage Rating	_____	Labeled Circuit	_____
#13	Amperage Rating	_____	Labeled Circuit	_____
#14	Amperage Rating	_____	Labeled Circuit	_____
#15	Amperage Rating	_____	Labeled Circuit	_____
#16	Amperage Rating	_____	Labeled Circuit	_____

**Notes:**

**Documented By:**

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## SERVICE PANEL DOCUMENTATION

Fire Location:		Date:		File #	
Panel Location:		Main Size:		Breakers:	Fuses:
[ ] Main Panel		[ ] Sub Panel			

### LEFT BANK

#	Rating Amps	Labeled Circuit	Status
1			
3			
5			
7			
9			
11			
13			
15			
17			
19			
21			
23			
25			
27			
29			
31			
33			
35			
37			
39			

Notes:

### RIGHT BANK

#	Rating Amps	Labeled Circuit	Status
2			
4			
6			
8			
10			
12			
14			
16			
18			
20			
22			
24			
26			
28			
30			
32			
34			
36			
38			
40			

Notes:

Investigator's Signature:

Reviewed By:





# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

Breaker # \_\_\_\_\_ Labeled Circuit \_\_\_\_\_ Special Information I.E.  
AFCI, GFCI, Or Different then panel type

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_
33. \_\_\_\_\_
34. \_\_\_\_\_
35. \_\_\_\_\_
36. \_\_\_\_\_
37. \_\_\_\_\_
38. \_\_\_\_\_
39. \_\_\_\_\_
40. \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## Fire Scene Utility Documentation

### Electric Service:

- ☐ Yes ☐ No Electric service provided to scene at the time of the fire?  
☐ Yes ☐ No Electric meter at scene?  
☐ Yes ☐ No Fire damage at meter?

Electric meter number \_\_\_\_\_

Electric service provider \_\_\_\_\_

Location of meter \_\_\_\_\_

Type of service feed ☐ Overhead ☐ Underground

### Natural Gas Service:

- ☐ Yes ☐ No Natural gas at scene?  
☐ Yes ☐ No Natural gas provided to scene at time of fire?  
☐ Yes ☐ No Fire damage at gas meter?  
☐ Yes ☐ No Fire damage to gas line riser?

Gas meter number \_\_\_\_\_

Gas service provider \_\_\_\_\_

Gas meter location \_\_\_\_\_

Gas meter riser location \_\_\_\_\_

### LP Gas Service:

- ☐ Yes ☐ No LP gas tank at scene?  
☐ Yes ☐ No LP gas provided to scene at time of fire?  
☐ Yes ☐ No Fire damage to LP gas tank?  
☐ Yes ☐ No Fire damage to LP gas line riser?

Percent of product showing in tank \_\_\_\_\_

Date of Tank \_\_\_\_\_

Tank location \_\_\_\_\_

Location of LP gas riser \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## TYPE OF OCCUPANCY

Residential <input type="checkbox"/> Yes <input type="checkbox"/> No	Single Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial <input type="checkbox"/> Yes <input type="checkbox"/> No	Governmental <input type="checkbox"/> Yes <input type="checkbox"/> No
Church <input type="checkbox"/> Yes <input type="checkbox"/> No	School <input type="checkbox"/> Yes <input type="checkbox"/> No	Other		
Estimated Age	Height (stories)	Length	Width	

## PROPERTY STATUS

Occupied at time of fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unoccupied at time of fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacant at time of fire? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

## BUILDING CONSTRUCTION

Foundation Type	<input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Other
Material	<input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Other
Exterior Covering	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Asphalt <input type="checkbox"/> Metal <input type="checkbox"/> Concrete
Roof	<input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Other
Construction Type	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Balloon <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Ordinary <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Other

## ALARM-PROTECTION-SECURITY

Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Stand Pipes <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No	Hard Wired <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery <input type="checkbox"/> Yes <input type="checkbox"/> No
Batteries in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Locations:	
Hidden Keys <input type="checkbox"/> Yes <input type="checkbox"/> No	Security bars on windows <input type="checkbox"/> Yes <input type="checkbox"/> No	Security bars on doors <input type="checkbox"/> Yes <input type="checkbox"/> No
Where were the hidden keys?		

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## DOOR AND WINDOW CONDITIONS

Doors	Locked	Unlocked but closed	Open	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Windows	Secured	Unlocked	Open	Broken
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## FIRE DEPARTMENT OBSERVATIONS

Name of first on scene	Department
General observations	
Obstacles to extinguishment? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	First in report attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

## UTILITIES

Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No Electric service provided to scene at the time of the fire?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Electric meter at scene?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Fire damage at meter?
	Electric meter number _____
	Electric service provider _____
	Location of meter _____
Type of service feed <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	
Gas/Fuel	<b><u>Natural Gas Service:</u></b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No Natural gas at scene?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Natural gas provided to scene at time of fire?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Fire damage at gas meter?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Fire damage to gas line riser?
	Gas meter number _____
	Gas service provider _____
	Gas meter location _____
	Gas meter riser location _____
	<b><u>LP Gas Service:</u></b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No LP gas tank at scene?
	<input type="checkbox"/> Yes <input type="checkbox"/> No LP gas provided to scene at time of fire?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Fire damage to LP gas tank?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Fire damage to LP gas line riser?

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## DOOR AND WINDOW CONDITIONS

	Percent of product showing in tank_____	
	Date of Tank_____	
	Tank location_____	
	Location of LP gas riser_____	
Water	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> None	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground
	Company	
Telephone	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> None	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground
	Company	
Other	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> None	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground
	Company	

## COMMENTS

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## WINDOW DOCUMENTATION REPORT

Fire Location:	Date:	File #
----------------	-------	--------

Window # 1	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 2	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 3	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 4	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 5	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 6	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 7	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 8	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 9	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 10	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 11	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 12	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 13	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 14	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 15	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 16	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 17	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 18	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 19	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 20	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 21	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 22	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 23	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 24	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased
Window # 25	<input type="checkbox"/>	Opened	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Undetermined	<input type="checkbox"/>	Locked	<input type="checkbox"/>	undetermined	<input type="checkbox"/>	Fixed or Encased

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## ADDITIONAL INTERVIEWS

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## ADDITIONAL OCCUPANTS

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License Number:	
Address:		Social Security Number:	
Telephone:	Home:	Business:	Cell:

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## ENTRY LOG

[illegible]

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## NARRATIVE

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## NARRATIVE

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## NARRATIVE

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## NARRATIVE

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## NARRATIVE

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## NARRATIVE

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## INSURANCE INFORMATION

### Company

Name:	Address:	Phone
Policy Number:	Effective Date:	Expiration Date
Name:	Address:	Phone
Policy Number	Effective Date:	Expiration Date

## COVERAGE

### Policy 1

<input type="checkbox"/> Structure <input type="checkbox"/> Vehicle <input type="checkbox"/> Contents <input type="checkbox"/> Personal Property <input type="checkbox"/> Business Interruption <input type="checkbox"/> Loss Earnings <input type="checkbox"/> Living Expenses					
Status <input type="checkbox"/> New <input type="checkbox"/> Renewal		Name of Insured		Address of Insured	
Previous insurance Carrier		Address		Phone No.	
Structure \$		Vehicle \$		Contents \$	
				Other \$	
Previous losses, cancellations:					

### Insurance Agent

Name	Address	Phone
1.		
2.		

### Adjustor/Investigator

Name of company adjustor/investigator	Address	Phone
1.		
2.		
Name of public adjustor	Address	Phone
1.		

### Total Paid Loss

Structure	Contents/personal property	Other
1.	1.	1.
2.	2.	2.

### Notes:

Investigator's Signature:

Reviewed By:





# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## WITNESS STATEMENT

Name		Address		Home Phone	Cell Phone
Race	Sex	Age	Date of Birth	SS Number	Drivers Lic #
Employer		Address			Phone
Relationship to scene			Can be contacted at		
Statement taken by			Location, date, & time of statement		

## Statement

Investigator's Signature:

Reviewed By:



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## FIRE INVESTIGATION QUESTIONNAIRE

1.) How would you describe your financial condition at the time of the fire?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Bad

2.) Yes ☐ No ☐ Do you have a checking account?

3.) What is the name of the bank and the account number of all banks accounts?

\_\_\_\_\_  
\_\_\_\_\_

4.) Could you approximate the balance in this account? \_\_\_\_\_

5.) Could you approximate the balance at the time of the fire? \_\_\_\_\_

6.) What are the names on the signature card? \_\_\_\_\_

\_\_\_\_\_

7.) Yes ☐ No ☐ Do you have a savings account?

8.) Did you have a savings account at the time of the fire? \_\_\_\_\_

9.) What is the name of the bank and the account number of all savings accounts?

\_\_\_\_\_  
\_\_\_\_\_

10.) Could you approximate the balance in this account? \_\_\_\_\_

11.) Could you approximate the balance at this time of the fire? \_\_\_\_\_

12.) What are the names on the signature card? \_\_\_\_\_

\_\_\_\_\_

13.) What loans did you have at the time of the fire and what were the balances owed?

Itemize: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## FIRE INVESTIGATION QUESTIONNAIRE

14.) Yes [ ] No [ ] Did you have a safe deposit box at the time of the fire?

15.) Yes [ ] No [ ] Did you use the safe deposit box of a friend or relative? If yes, Explain.

---

---

16.) How often do you actually access your safe deposit box? \_\_\_\_\_

17.) When was the last time you accessed your safe deposit box? \_\_\_\_\_

18.) What is your Social Security Number? Or last four digits? \_\_\_\_\_

19.) How many vehicles do you own? Automobiles \_\_\_\_\_ Motorcycles \_\_\_\_\_  
Boats \_\_\_\_\_ Recreational vehicles \_\_\_\_\_ ATV's \_\_\_\_\_  
Other \_\_\_\_\_

20.) Were all the payments if any on the above current at the time of the fire? Yes [ ] No [ ]

21.) Describe any liens on the above mentioned. \_\_\_\_\_

---

---

22.) What is your monthly payment on each of the above, if applicable? \_\_\_\_\_

---

23.) Were the payments current at the time of the fire? Yes [ ] No [ ]

24.) How many credit cards to pay on each month? \_\_\_\_\_

25.) What do you estimate the total amount owed on the cards would currently be? \_\_\_\_\_

---

---

26.) Do you have an ATM card such as Pulse, Impact, Cirrus, etc.? Yes [ ] No [ ]

27.) What bank issued this card? \_\_\_\_\_

28.) When was the last time you used it before the fire? \_\_\_\_\_

29.) What did you use it for? \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## FIRE INVESTIGATION QUESTIONNAIRE

30.) Do you have any stocks, bonds or mutual funds? Yes [ ] No [ ]

31.) Do you have any brokerage accounts? List and itemize.

---

---

---

32.) What names are on these accounts? \_\_\_\_\_

33.) Do you owe any friends or relatives money? Yes [ ] No [ ]

34.) If yes, how much to estimate the balance to be? \_\_\_\_\_

35.) Do you owe any fiancé companies or other individuals money? Yes [ ] No [ ]

36.) If yes, how much is the balance? \_\_\_\_\_

37.) What real estate do you own? Itemize and explain. \_\_\_\_\_

---

---

38.) Do you have any outstanding liens against any of your property? Explain \_\_\_\_\_

---

39.) Have you ever declared bankruptcy? Yes [ ] No [ ], If yes, when \_\_\_\_\_

40.) Have you ever had to sue anyone? Yes [ ] No [ ]

41.) Has anyone ever sued you? Explain. Yes [ ] No [ ] \_\_\_\_\_

---

---

42.) Have you ever had a mortgage foreclosed on? Explain. Yes [ ] No [ ] \_\_\_\_\_

---

---

43.) have you ever been refused credit? Explain. Yes [ ] No [ ] \_\_\_\_\_

---

---

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## FIRE INVESTIGATION QUESTIONNAIRE

44.) If I asked the companies that refused you credit, what reasons would they give me?

---

---

45.) Have you ever had anything repossessed? Yes [ ] No [ ] If yes, explain. \_\_\_\_\_

---

---

---

46.) Have you or anyone in your family been in the hospital in the last 2 years?

Yes [ ] No [ ] If yes, explain \_\_\_\_\_

47.) Were you hospital bills insured: Yes [ ] No [ ]

48.) If yes, by what company? \_\_\_\_\_

49.) Did you owe any outstanding hospital or doctor bills at the time of the fire? Yes [ ] No [ ]  
If yes, how much? \_\_\_\_\_

50.) List your install payments per month at the time of the fire. {Mortgage or rent, automobiles, credit cards, insurance, etc.}

	<u>Company</u>	<u>Amount</u>	<u>Balance</u>
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## FIRE INVESTIGATION QUESTIONNAIRE

51.) List your utility bills per month.

- A. Electricity
- B. Water/Sewer
- C. Gas
- D. Garbage
- E. Telephone
- F. Cable/Satellite Television

52.) Do you or your spouse pay child support or alimony? Yes [ ] No [ ] If yes, what amount each month? \_\_\_\_\_

53.) Do you or your spouse receive any child support or alimony?? Yes [ ] No [ ] If yes, what amount each month? \_\_\_\_\_

54.) Do you have any other liabilities that we have not discussed?

55.) What was your monthly income in the year before the fire? \_\_\_\_\_

56.) Do you or your spouse have any other additional income? Yes [ ] No [ ]  
If yes, how much? \_\_\_\_\_

57.) Do you or your spouse have any extra or second jobs from which you receive additional income, but you don't claim? Yes [ ] No [ ]  
If yes, explain \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## V.I.N. CHECK DIGIT FORM

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
A																	
B																	
C	8	7	6	5	4	3	2	10	0	9	8	7	6	5	4	3	2
D																	

=             
FINAL SUM

On line "A", enter the 17 Digit VIN.

On line "B", enter the "Assigned value" of each character of the VIN, utilizing table "B" shown below.

11           

\* Multiply the numbers in line "B" with the numbers in line "C", for each of the 17 digits in the VIN. Record the product of each of these separate computations in the appropriate boxes in line "D".

\* Add together all of the numbers recorded in line "D" and enter the final sum in the space provided.

\* Divide the final sum by the number "11". The remainder of this division is the "Check Digit", (the 9<sup>th</sup> character of the 17 digit VIN). If the remainder of the division is a single digit number then it should match the "check digit" in the VIN exactly, if the remainder number is "10" then the "check digit" is the letter "X".

TABLE "B"

A-1	M-4	Z-9
B-2	N-5	1-1
C-3	P-7	2-2
D-4	R-9	3-3
E-5	S-2	4-4
F-6	T-3	5-5
G-7	U-4	6-6
H-8	V-5	7-7
J-1	W-6	8-8
K-2	X-7	9-9
L-3	Y-8	0-0

Assign to each number in the VIN its actual value and record that value in the appropriate box in line "B".

The letters of "I", "O" and "Q" are never used in the new 17 digit VIN's.

To determine the year of the manufacture from the 17 digit VIN (character of #10 of the VIN) use the below listed table.

1980-A	1981-B	1982-C	1983-D	1984-E	1985-F	1986-G
1987-H	1988-J	1989-K	1990-L	1991-M	1992-N	1993-P
1994-R	1995-S	1996-T	1997-V	1998-W	1999-X	2000-Y
2001-1	2002-2	2003-3	2004-4	2005-5	2006-6	2007-7

The decoding chart, shown above, may be photocopied to provide multiple blank work sheets for computing the check digits of the new 17 digit VIN's.

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## Follow Up Report

Incident:	Field:	Station:
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TYPE OF INCIDENT	DATE OF FOLLOW-UP	TIME OF FOLLOW-UP	COMPLAINANT'S NAME

[illegible]

NARRATIVE:

OFFICER #1	OFFICER #2	UNFOUNDED   CLEARED   DETECTIVE   JUVENILE   OTHER				
		SUPERVISOR:			DATE:	

Investigator's Signature:

Reviewed By:





# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## CONSENT TO SEARCH

I, \_\_\_\_\_, have been requested to consent to a search  
(name)

of my property located at: \_\_\_\_\_

\_\_\_\_\_  
(full description and exact address of property)

This fire scene examination will be conducted in order to determine the origin, cause and circumstances surrounding a fire and/or explosion, which occurred, on this property on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at approximately \_\_\_\_\_ hours.

I am the lawful owner / occupant / agent of this property. I have been advised of my constitutional rights to refuse any further entry into the property. And while the investigation is in progress, I may withdraw my consent at any time prior to the conclusion of the fire and/or explosion examination and to require that a search warrant be obtained prior to any further examination.

I have been further advised that if I do consent to this examination, any evidence found as a result of such examination can be seized and used in a court of appropriate jurisdiction, and authorize the \_\_\_\_\_, Police Department having jurisdiction, or any other agency associated with the investigation, to conduct a complete fire and/or explosion examination of the described property including but not limited to the primary building, garage(s), shed(s), attic(s), or any container(s) on the premises. This consent also will include the examination of any vehicle(s) or part of the vehicle(s) that I own, including the trunk, engine compartment, glove compartment or any containers located therein on the premises. Further permission is granted to remove from this property any documents, papers, objects or materials deemed pertinent to the investigation of this fire and/or explosion.

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Investigator)

\_\_\_\_\_  
(Witness)

Start Time of Examination: \_\_\_\_\_

Date: \_\_\_\_\_

Ending Time of Examination: \_\_\_\_\_

Date: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

## CONSENT TO SEARCH

I, \_\_\_\_\_, hereby give my consent to the search of my  
\_\_\_\_\_ located at \_\_\_\_\_  
upon request of a duly authorized Agent of the \_\_\_\_\_

I know that I do not have to give my consent, but I do this of my own free will, without any coercion, promise or threats having been made to me.

Consenter: \_\_\_\_\_  
(Print Name)

Consenter Signature: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ hours.

Agent Executing Search: \_\_\_\_\_

Assisting Agents: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## STATEMENT OF RIGHTS

Before you answer any questions or make any statement, you must fully understand your rights.

- \_\_\_\_\_ 1. You have the right to remain silent.
- \_\_\_\_\_ 2. You are advised that anything you say can and will be used against you in a court of law.
- \_\_\_\_\_ 3. You have the right to consult with a lawyer before you answer any questions or make any statement, and have him present during questioning.
- \_\_\_\_\_ 4. If you cannot afford a lawyer, one will be appointed for you before questioning or at any time during questioning, if you so desire.

\_\_\_\_\_  
Name of Officer

Prior to any questioning, I was advised that I have the right to remain silent, that whatever I say can and will be used against me in a court of law, that I have the right to speak to a lawyer and have one present during questioning, and that, if I cannot afford a lawyer, one will be appointed for me. I was further advised that, even if I sign this waiver, I have the right to stop the interview and refuse to answer further questions or request to speak with an attorney at any time I so desire. I do not wish to consult with a lawyer or have a lawyer present.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## STATEMENT OF RIGHTS Declaracion De Derechos Constitucionales Y Renuncia

Antes de que le hagamos algunas preguntas, es mi deber denavisarle de sus derechos:

- \_\_\_\_\_ 1. Usted tiene el derecho de permanecer callado.
- \_\_\_\_\_ 2. Esta avisado que cualquier cosa Usted diga podra y sera usado  
encontra Usted en una corte de ley.
- \_\_\_\_\_ 3. Usted tiene el derecho de hablar con un abogado para que lo  
aconseje antes de que se le haga alguna pregunta, y de tenerlo  
presente durante la interrogacion.
- \_\_\_\_\_ 4. Si usted no puede pagar por un abogado, uno se le asignara, sin  
costo al-  
guno, antes de una interrogacion si asi lo desea.

\_\_\_\_\_  
Derechos recibido por  
(Police Officer)

Antes de la interrogacion, estuve avisado que tengo el derecho de permanecer callado y cualquier cosa diga podra y sera usado encontra mia en una corte de ley, tengo el derecho de hablar com un abogado y teerio presente durante la interrogacion, si no puedo pagar por un abogado, uno se me des-ignara. Estuve adicionalmente avisado, despues que firme esta declaracion, tengo el derecho de parar la intrevista y negar a contestar preguntas o solicitar un abogado en cualquier tiempo si lo deseo. No deseo consultar con un abogado or tener un abogado presente.

\_\_\_\_\_  
Derechos recibidoo por  
(Suspect/Witness)

Testigo: \_\_\_\_\_  
(witness)

Testigo: \_\_\_\_\_  
(witness)

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_  
(date) (time)

Lugar: \_\_\_\_\_  
(location)

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## STATEMENT OF RIGHTS Declaracion De Derechos Constitucionales Y Renuncia

Antes de que le hagamos algunas preguntas, es mi deber denavisarle de sus derechos:

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- \_\_\_\_\_ 2. Esta avisado que cualquier cosa Usted diga podra y sera usado  
encontra Usted en una corte de ley.
- \_\_\_\_\_ 3. Usted tiene el derecho de hablar con un abogado para que lo  
aconseje antes de que se le haga alguna pregunta, y de tenerlo  
presente durante la interrogacion.
- \_\_\_\_\_ 4. Si usted no puede pagar por un abogado, uno se le asignara, sin  
costo al-  
guno, antes de una interrogacion si asi lo desea.

\_\_\_\_\_  
Derechos recibido por  
(Police Officer)

Antes de la interrogacion, estuve avisado que tengo el derecho de permanecer callado y cualquier cosa diga podra y sera usado encontra mia en una corte de ley, tengo el derecho de hablar com un abogado y teerio presente durante la interrogacion, si no puedo pagar por un abogado, uno se me des-ignara. Estuve adicionalmente avisado, despues que firme esta declaracion, tengo el derecho de parar la intrevista y negar a contestar preguntas o solicitar un abogado en cualquier tiempo si lo deseo. No deseo consultar con un abogado or tener un abogado presente.

\_\_\_\_\_  
Derechos recibidoo por  
(Suspect/Witness)

Testigo: \_\_\_\_\_  
(witness)

Testigo: \_\_\_\_\_  
(witness)

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_  
(date) (time)

Lugar: \_\_\_\_\_  
(location)

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date:

Case Number:

## Authority To Release Information

To Whom It May Concern;

I hereby authorize any member of the \_\_\_\_\_ or other authorized representative of the \_\_\_\_\_ bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my CPA/State Bar records (including any grievance records), employment, military, educational records (including, but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records), medical records, credit records (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any records or charge, prosecution, or conviction for criminal or civil offenses.) I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the \_\_\_\_\_. Consent is granted to the \_\_\_\_\_ to furnish information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding federal statute or regulation does not require such. I have been advised that the \_\_\_\_\_ will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this investigation. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: \_\_\_\_\_

Full Name (Signature): \_\_\_\_\_

Full Name (Typed or Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

CPA/Bar Membership(s): \_\_\_\_\_

Witness: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



# MABAS Division 4 Fire Investigation



Incident Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

## Voluntary Statement

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Taken At: \_\_\_\_\_

I, \_\_\_\_\_, am \_\_\_\_\_ years of age and my address is:

\_\_\_\_\_  
Street Number      Street Name      City      State      Zip

I have been duly warned by \_\_\_\_\_ of the  
\_\_\_\_\_ that I do not have to make any statement,  
that I am entitled to a lawyer before giving a statement and that I do not have to incriminate myself in  
any manner. Without promise of hope or reward, without fear or threat of physical harm, and waiving my  
Rights to have a lawyer present,  
I freely volunteer the following statement to the above named officer, knowing this statement may be  
used against me in a trial or trials concerning the offense mentioned in this statement.

\_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read this statement consisting of \_\_\_\_\_ page(s) and the facts contained therein are true and  
correct. This statement was completed at \_\_\_\_\_ hours on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_. This statement was of my own free will.

\_\_\_\_\_  
Signature of Person Giving Voluntary Statement

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_



Case Number:

## Voluntary Statement Continuation Sheet

[illegible]

Reviewed By:



# MABAS DIVISION 4

## LAKE COUNTY, IL FIRE DEPARTMENTS Station & Radio Numbering



Submitted JAN-2008

Revised: MAR-2016

*MABAS Division 4 Procedures Committee*

## **Station/Apparatus Numbering MABAS Division 4**

Based on existing Quadrant numbering system.

### **Quad 1:**

Abbvie	Station 111
Beach Park	Station 121
Gurnee Sta 1	Station 131
Gurnee Sta 2	Station 132
Newport Sta 1	Station 141
Newport Sta 2	Station 142
N. Chicago Sta 1	Station 151
N. Chicago Sta 2	Station 152
Waukegan Sta 1	Station 161
Waukegan Sta 2	Station 162
Waukegan Sta 3	Station 163
Waukegan Sta 4	Station 164
Waukegan Sta 5	Station 165
Winthrop Harbor	Station 171
Zion Sta 1	Station 181
Zion Sta 2	Station 182
GLNTC Sta 1	Station 191
GLNTC Sta 2	Station 192
GLNTC Sta 3	Station 193

### **Quad 3:**

Lake Zurich Sta 1	Station 321
Lake Zurich Sta 2	Station 322
Lake Zurich Sta 3	Station 323
Lake Zurich Sta 4	Station 324
Wauconda Sta 1	Station 341
Wauconda Sta 2	Station 342
Wauconda Sta 3	Station 343
Barrington Sta 1	Station 361
Barrington FPD Sta 1	Station 381
Barrington FPD Sta 2	Station 382

### **Quad 2:**

Antioch Sta 1	Station 211
Antioch Sta 2	Station 212
Antioch Sta 3	Station 213
Fox Lake Sta 1	Station 221
Fox Lake Sta 2	Station 222
Fox Lake Sta 3	Station 223
Fox Lake Sta 4	Station 224
Lake Villa Sta 1	Station 241
Lake Villa Sta 2	Station 242
Lake Villa Sta 3	Station 243
Round Lake Sta 1	Station 261
Round Lake Sta 2	Station 262
Round Lake Sta 3	Station 263
Grayslake Sta 1	Station 271
Grayslake Sta 2	Station 272

### **Quad 4:**

Countryside Sta 1	Station 411
Countryside Sta 2	Station 412
Lake Forest Sta 1	Station 421
Lake Forest Sta 2	Station 422
Mundelein Sta 1	Station 431
Mundelein Sta 2	Station 432
Knollwood	Station 441
Lake Bluff	Station 451
Libertyville Sta 1	Station 461
Libertyville Sta 2	Station 462
Libertyville Sta 3	Station 463
Abbott Park	Station 491

Note: Buffalo Grove, Lincolnshire-Riverwoods and Long Grove are not included in this proposal due to their existing NW Central or RED Center numbering systems. However, these departments may be included if so desired.

## **Definitions:**

Ambulance (A) – a vehicle that transports the sick or injured to the hospital. The unit may be ALS or BLS. The primary mission is EMS.

Battalion (B) – the shift commander, officer in charge, or other command level position as determined by the fire department. Battalion does not mean Battalion Chief, or signify any specific rank. The primary mission is operational command.

Boat (BT) – a watercraft designed for rescue and/or dive operations. These boats may include solid hull, inflatable and air boats. The primary mission of this vehicle is water rescue or marine firefighting.

Brush Truck (BR) – an off-road designed vehicle that is used for fighting brush or wildland fires. Unit must have a pump and water tank. The primary mission is off-road brush or wildland interface firefighting.

Chief (C) – a promoted chief level senior command officer within the fire department.

Crash Truck (CT) – Airport Rescue Firefighting Vehicle (ARFF). Meets NFPA 1901. Primary mission is fire suppression.

Dive Unit (D) – dive support vehicle as defined by the individual fire department. The primary mission is water rescue support.

Engine (E) – apparatus that is equipped with a fire pump, hose, booster tank, and minimal ground ladders. Meets NFPA 1901. Primary mission is fire suppression.

Foam Unit (F) – apparatus that is designed to supply and/or apply large quantities of high expansion or AFFF foam. Primary mission is fire suppression and/or hazardous material control.

Heavy Rescue (R) – apparatus that carries specialized rescue tools and personnel. Primary mission is rescue and fireground support.

Hose Wagon (HT) – apparatus designed to primary transport a minimum of 4000' of large diameter hose. The primary mission is laying large diameter hose over long distances.

Ladder (L) – apparatus with hydraulically driven ladder at least 85' long with no basket or work platform. Meets NFPA 1901. Primary mission is fire suppression.

Ladder Tower (LT) - apparatus with hydraulically driven ladder at least 85' long with a basket or work platform. Meets NFPA 1901. Primary mission is fire suppression.

Quint (Q) – apparatus with hydraulically driven ladder of 75' or less with a pump, 500 gallons of water, full compliment of ground ladders and hose. Meets NFPA 1901. Primary mission is fire suppression.

Squad (S) – apparatus that is equipped with a pump, booster tank, hose, minimal compliment of ground ladders, extrication equipment and special rescue equipment and/or ladder company tools. Primary mission is rescue and fireground support.

Tender (T) – a vehicle designed to transport water to fire scenes. Minimum water tank capacity of 1000 gallons. Generally equipped with portable (folding) water tank(s) and quick dump capabilities. Primary mission is hauling water.

Utility (U) – specialized utility or response vehicles. This may include a special resource that does not meet the definition for heavy rescue, squad or dive unit.

### **Unit Typing:**

Unit Type	CAD ID	Radio Signature
Chiefs/Officers	Use current four digit body number	
Shift Commander	BXX	Battalion XX (XX = first 2 digits of Station No)
Engines	E	Engine
Ladder	L	Ladder
Ladder Tower	LT	Tower
Quints	Q	Quint
Heavy Rescue	HR	Rescue
Squads	S	Squad
Tenders	T	Tender
Brush Units	BR	Brush
Crash Truck	CT	Crash (ARFF)
Foam Unit	F	Foam
Ambulances	A	Ambulance
Boats	BT	Boat
Dive Units	D	Dive
Hose Wagon	HT	Hose
Utility	U	Utility
Fire Prevention	Use current four digit body number	
Staff Cars	Use body number or current 4 digit radio number	

2<sup>nd</sup> Units at a station of the same type will generally be identified with the suffix “R” after the Unit number. For example: Gurnee has two ambulances at their Station 1, therefore, these units are identified as Ambulance 131 (A131) and Ambulance 131R (A131R). This section would not necessarily apply to a department that operates out of a single station where a sequential numbering system could be used. (See example.)

### **Multi-Station Department Example:**

Libertyville

Station 1:	Station 2:	Station 3:
Engine 461 (E461)	Engine 462 (E462)	Engine 463 (E463)
Ambulance 461 (A461)	Ambulance 462 (A462)	Engine 463R (E463R)
Ambulance 461R (A461R)	Ambulance 462R (A462R)	Ambulance 463 (A463)
Tower 461 (LT461)	Heavy Rescue 462 (R462)	Utility 463 (U463)
Utility 461 (U461)	Quint 462 (Q462)	
	Dive 462 (D462)	
	Boat 462 (BT462)	
	Utility 462 (U462)	

Shift Commander: Battalion 46 (B46)

Chief	4600	Asst. Chief	4603
Deputy Chief	4601	Fire Marshal	4680
Asst. Chief	4602	Inspector	4681

### **Single Station Department Example:**

Winthrop Harbor

Engine 171 (E171)	Chief	1700
Engine 172 (E172)	Deputy Chief	1701
Engine 173 (E173)	Asst. Chief	1702
Ambulance 171 (A171)	Captain	1703
Ambulance 172 (A172)	Captain	1704
Brush 171 (BR171)	Captain	1705
Boat 171 (BT171)	Lieutenant	1706
Utility 171 (U171)	Lieutenant	1707
	Lieutenant	1708
	Inspector	1783

Shift Commander: Battalion 17 (B17)