Fire Investigation Workbook

Date Received by Inv:	Case #:
Date/Time of Fire:	Lead Investigator:
Date of Investigation:	Status:

Classification of Fire:
□ Accidental □ Incendiary □ Natural □Undetermined

Fire Address:	City:	County:
Fatalities/Injuries: □ Yes □ No		If yes, # and F or I:
Weather: □ Clear □ Cloudy Humidity _____ Temp. _____ Wind _____ Wind Direction _____		
Assisting Investigators/K-9:		

Person Reporting/Discovering Fire (NAME):		Phone #:	
Address:	City:	State:	Zip:
DOB: Age:	Driver's License #:	SSN:	Sex: Race:

Property Owner/Manager (NAME):		Phone #:	
Address:	City:	State:	Zip:
DOB:	Driver's License #:	SSN:	Sex: Race:
Insurance:	Policy#:	Agent:	
Occupant (NAME):		Phone #:	
Address:	City:	State:	Zip:
DOB: Age:	Driver's License #:	SSN:	Sex: Race:
Insurance:	Policy#:	Agent:	

Requestor/Agency:	Phone:
Other investigating Agencies:	Phone:
Is fire Investigation an active criminal investigation/prosecution?	□ YES □ NO

PROPERTY DESCRIPTION

Discuss Right of Entry (ie: exigent circumstances, consent, admin warrant, search warrant): _____

Occupancy	□ Dwelling	□ Business	□ Unoccupied	□ Other _____
	□ Owner-Occupied	□ Tenant Occupied	Approximate Age _____	
	# Stories _____	# Rooms _____	# Baths _____	Type of Occupancy _____
Approximate Dimensions_____		Total Square Feet _____		

Building Construction	Exterior Finish		Interior Finish		
	□ Frame	Floors	Sub Floor	Ceilings	Walls
	□ Metal/Plastic Siding	□ Carpet	□ Plywood	□ Sheetrock	□ Sheetrock
	□ Brick Veneer	□ Tile (ceramic/porcelain)	□ Plank	□ Plaster/Lath	□ Plaster/Lath
	□ Stone Veneer	□ Linoleum	□ Particle Board	□ Panel	□ Panel
	□ Brick	□ Hardwood	□ Tile	□ Tile	□ Ply Panel
	□ Wood	□ Plywood	□ Slab	□_____	□ _____
	□ Manufactured Home	□ Particle Board	□ _____		
	□ Other _____				

Roofing Construction	□ Composition material	□ Metal	□ Tile	□ Wood
	□ Tar and Gravel	□ Other _____		

Heating	□ Electric □ Natural Gas □ Propane Gas □ Other _____ Make of Heater:_____ Central [ ] Forced Air [ ] Baseboard [ ] Ceiling[ ] Wall Mounted [ ] Space Heaters [ ]Heat Pump
Air Conditioning	□ Electric □ Natural Gas □ Propane Gas □ Other _____
Propane Tank	Location of Tank:_____ % Full: _____ PSI:_____
Electrical Service?	□ Yes □ No □Unknown □ Overhead □ Underground □ Other_____ Source: □ Public Utility □ Generator □ Extension Cord □ Solar Panels □ Other_____

Intrusion Alarm	□ Yes	□ No	Type _____	□ Local	□ Monitored
Smoke/Fire Alarm	□ Yes	□ No	Type _____	□ Local	□ Monitored
Building Sprinkler System	□ Yes	□ No	Type _____	□ Local	□ Monitored
Fire Extinguishers	Size: _____ Location:_____ Used:_____ Date of Purchase:_____ Inspection Date:_____				

Garage	□ None	□ Attached	□ Detached	Appx. Size _____
Outbuildings	□ Yes	□ No	□ Damaged	□ Undamaged

Fire Protection	□ Paid	□ Combo	□ Volunteer	□ Unknown
	Department _____			

FIRE SCENE EXAMINATION

Completed During Examination	□ Diagram	□ Video	□ Photographs	□ Measurements
	Date Examination Began _____		Date Examination Completed _____	
Direction front of building faces: □ N □ S □ E □ W			GPS Cords. (if needed): _____/_____	

Explain site safety survey:
Explain scene security:
Provide a description of the overall exterior of the building (not fire damage):
Describe fire damage to any exterior structures/vehicles/exposures (are they logically connected?):
Describe the exterior fire damage (work in a systematic method around exterior):
Describe the conditions of all doors and windows:
Explain all signs of forced entry:

FIRE SCENE EXAMINATION (cont.)

Describe interior fire damage (work in systematic fashion):
Describe the effects of fire suppression on fire spread:
Describe any abnormal conditions that affected fire spread (doors blocked open, windows open, etc.):
Identify any unusual burn patterns, unconnected fires, trailers, sets, timing devices:
Describe the personal contents. Were they the normal type and quantity expected? Note type and brand name of appliances. Signs of theft or contents not appropriate for occupants description?

FIRE SCENE EXAMINATION (cont.)

Explain the method of reconstruction:
Describe the spread of the fire based on burn patterns and fire dynamics:
Describe the room of origin and the area within the room where the fire originated:
Describe the point of origin (if applicable):
Complete "Room Data" form for room of origin.
Complete Ignition Matrix.
Describe the first material ignited and ignition sequence:

FIRE SCENE EXAMINATION (cont.)

Describe how other causes were eliminated:				
Was hydrocarbon detector used?	☐ Yes ☐ No	Was accelerant K9 used?	☐ Yes	☐ No
If yes, Handler's Name/Agency:				

EVIDENCE

(Include all control samples)

Item #	Description	Location Found	Time Recovered	Destination	Test Required

ROOM FIRE DATA

	Floor Plan Room #
Room: **Length:** **Width:** **Height:** Note ceiling height changes:	

Walls	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
Ceiling	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
Floor	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N

Openings (door, window, other vents) into room (number on plan above):

Height (bottom to top of openings)	Sill Height	Soffit Depth (above opening)	Width	Open or Closed? Changes During Fire?
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Damages

_____

_____

_____

_____

Furnishings (descriptions of major fuel items, including floor and wall coverings, draperies):

_____

_____

ROOM FIRE DATA

	Floor Plan	Room #
Room: **Length:** **Width:** **Height:** Note ceiling height changes:		

Walls	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
Ceiling	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N
Floor	Structure/Material _____	Thickness _____	Covering _____	Sample? Y/N

Openings (door, window, other vents) into room (number on plan above):

Height (bottom to top of openings)	Sill Height	Soffit Depth (above opening)	Width	Open or Closed? Changes During Fire?
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Damages

_____

_____

_____

_____

Furnishings (descriptions of major fuel items, including floor and wall coverings, draperies):

_____

_____

ELECTRICAL PANEL EVALUATION

Panel Location: ________________________

Panel Type	☐ Breaker ☐ Edison Based Fuses ☐ Type S Fuses ☐ Cartridge Fuses ☐ Other (explain): ____		
Panel Brand:	Main Breaker Size:	Feeder Size:	

Wiring Material	☐ Copper ☐ Copper Clad Aluminum ☐ Aluminum If aluminum is in use, are breakers rated AL-CU? ☐ Yes ☐ No	
Brands of Breakers	1)	2)
	3)	4)

Evidence of Failure at Panel	☐ Yes	☐ No
Evidence of Alterations or attempts to bridge devices?	☐ Yes	☐ No
Other electrical panels or sub-panels	☐ Yes Location(s):	☐ No

Panel Legend

Left Bank **Right Bank**

#	Rating (Amps)	Labeled Circuit	Status	#	Rating (Amps)	Labeled Circuit	Status

IGNITION MATRIX

Fuel-Source Matrix Chart | **Agency/Company:** | **File/Case #**

Fuel-Source												
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4

1. Competent Ignition Source Y/N
2. Proximity, Ignition close to fuel Y/N
3. Evidence of Ignition Y/N
4. Initial Fuel path to fuel load Y/N

Color Legend
Red =Competent and close
Blue= Not competent
Yellow= Competent but ruled out

Codes
P= Plume or flashover
W= Witnessed
F= Open flame

N= Not energized

Original design & Courtesy of:
Lou Bilancia P.E.

SUPPRESSION

Incident Commander:	1st Unit on Scene:	
1st Fire Fighter Interior:	1st Officer on scene:	
Responding Fire Departments: Primary:	Responding Law Enforcement:	Additional First Responders:
	Responding EMS:	

Fire Suppression: [ ] effective [ ] ineffective [ ] not attempted

Dispatch Time:_____ Arrival time _____Time Fire Controlled:_____

Name of Person Interviewed:			Phone #:
Unit #:	Rank:	Department:	
Was Smoke Visible? □ Yes □ No		Were Flames Visible? □ Yes □ No	
If flames visible, where?			
Was forced entry necessary? □ Yes □ No	Why?	By Whom?	
Did fire crews attempt to open doors/windows before forcing entry? □ Yes □ No			
Where was fire concentrated?		Any unconnected fires? □ Yes □ No	
Describe:			
Were contents normal for structure? □ Yes □ No Describe:			
Was any property removed by FD from fire? □ Yes □ No			
Describe property owner/tenant's appearance, demeanor, actions, and comments			

Comments and/or Opinions of Fire Scene (spread of fire, origin/cause, history of residence. other needed facts)

Interviewed By _____	Date _____	Time _____	Follow-Up Needed? □ Yes □ No

COMPLAINTANT

How Reported? □ 911 □ Non-Emergency □ Walk-Up To Whom:_____

Name: *(See page 1 for identifying information)*
Location interviewed:

When did you discover the fire?				
How did you discover the fire?				
Why in the area?				
Relationship to fire scene	□ Neighbor	□ Relative	□ Friend	□ Passer-By
Was Smoke Visible? □ Yes □ No		Were flames visible? □ Yes	□ No	
Describe where you saw fire:				
Describe anything unusual you saw (vehicles, people, etc):				
Action take upon discovering fire:				

Notes

Interviewed By _____	Date _____	Time_____	Follow-Up Needed? □ Yes □ No

OCCUPANT

Name:	Location of interview:

STRUCTURAL USE	VEHICLE
□ Residential □ Commercial □ Unoccupied	□ Owned □ Rental □ Leased
□ Owner Occupied □ Tennant Occupied	Year _____ Make _____ Model _____
□ Other Are Taxes Current? _____	

Age of Home/Vehicle:	Insured? □ Yes □ No	Lien? □ Yes □ No
Insurance Carrier:	Policy #:	Policy Amount: $
Lien Holder:	Loan Balance: $	Appraised Value: $
Describe recent repairs, additions, or alterations:		
Describe electrical, mechanical, utility problems recently experienced:		
If Tenant lives/operates the property, describe relationship (rent current, evictions, disputes):		
Describe conflicts with neighbors, co-workers, family, etc.?		

FLAME USE	SERVICES IN USE
□ Smoking □ Candles/Incense □ Fireplace	Electrical □ Yes □ No Provider _____
□ Illicit Drugs □ Outdoor Burning	Natural Gas □ Yes □ No Provider _____
□ Stove/Oven □ Heater/Space Heater	Propane □ Yes □ No Provider _____

Smoke Detector? □ Yes □ No #_____ Location:_____	Fire/Smoke/Security Alarm System? □ Yes □ No	Monitoring Service:

Notes
Occupant's Demeanor:

Interviewed By _____	Date _____	Time _____	Follow-Up Needed? □ Yes □ No

OWNER (IF TENANT OCCUPIED)

Name:		Hm. Phone:		Cell Phone:	
Address:		City:		State:	Zip:
DL #:		State:	DOB:	Occupation:	
Marital Status:	□ Single □ Married □ Widowed □ Divorced			CCH:	□ Yes □ No
# of Residents:		Last time/date at residence:			

Insurance Carrier:	Policy #:	Policy Amount: $
Agent or Adjuster:	Phone:	
Lien Holder:	Loan Balance: $	Appraised Value: $
Describe Recent Repairs:		
Describe electrical, mechanical, utility problems recently experienced:		
If Tenant lives/operates the property, describe the relationship (rent current, evictions, disputes):		

Notes

Interviewed By _____	Date _____	Time _____	Follow-Up Needed? □ Yes □ No

□ **SUSPECT** □ **WITNESS**					
Name:	Hm. Phone #:			Cell Phone #:	
Address:	City:			State:	Zip:
DL#:	State:	DOB:		Occupation:	
Marital Status □ Single □ Married □ Widowed □ Divorced		DL Check □ Yes □ No		CCH □ Yes □ No	
INVESTIGATOR USE			SSAN#:	FBI#:	
□ Interviewed □ Miranda Warning □ Statement			SID#:	HT_____in WT_____lbs	
□ Confession □ Photo Obtained □ Video			Hair_____ Eyes_____	POB:	
□ DNA Standard □ Audio □ Fingerprints					

□ **SUSPECT** □ **WITNESS**					
Name:	Hm. Phone #:			Cell Phone #:	
Address:	City:			State:	Zip:
DL#:	State:	DOB:		Occupation:	
Marital Status □ Single □ Married □ Widowed □ Divorced		DL Check □ Yes □ No		CCH □ Yes □ No	
INVESTIGATOR USE			SSAN#:	FBI#:	
□ Interviewed □ Miranda Warning □ Statement			SID#:	HT_____in WT_____lbs	
□ Confession □ Photo Obtained □ Video			Hair_____ Eyes_____	POB:	
□ DNA Standard □ Audio □ Fingerprints					

□ **SUSPECT** □ **WITNESS**					
Name:	Hm. Phone #:			Cell Phone #:	
Address:	City:			State:	Zip:
DL#:	State:	DOB:		Occupation:	
Marital Status □ Single □ Married □ Widowed □ Divorced		DL Check □ Yes □ No		CCH □ Yes □ No	
INVESTIGATOR USE			SSAN#:	FBI#:	
□ Interviewed □ Miranda Warning □ Statement			SID#:	HT_____in WT_____lbs	
□ Confession □ Photo Obtained □ Video			Hair_____ Eyes_____	POB:	
□ DNA Standard □ Audio □ Fingerprints					

□ **SUSPECT** □ **WITNESS**					
Name:	Hm. Phone #:			Cell Phone #:	
Address:	City:			State:	Zip:
DL#:	State:	DOB:		Occupation:	
Marital Status □ Single □ Married □ Widowed □ Divorced			DL Check □ Yes □ No	CCH □ Yes □ No	
INVESTIGATOR USE			SSAN#:	FBI#:	
□ Interviewed	□ Miranda Warning	□ Statement	SID#:	HT_____in WT_____lbs	
□ Confession	□ Photo Obtained	□ Video	Hair_____ Eyes_____	POB:	
□ DNA Standard	□ Audio	□ Fingerprints			

□ **SUSPECT** □ **WITNESS**					
Name:	Hm. Phone #:			Cell Phone #:	
Address:	City:			State:	Zip:
DL#:	State:	DOB:		Occupation:	
Marital Status □ Single □ Married □ Widowed □ Divorced			DL Check □ Yes □ No	CCH □ Yes □ No	
INVESTIGATOR USE			SSAN#:	FBI#:	
□ Interviewed	□ Miranda Warning	□ Statement	SID#:	HT_____in WT_____lbs	
□ Confession	□ Photo Obtained	□ Video	Hair_____ Eyes_____	POB:	
□ DNA Standard	□ Audio	□ Fingerprints			

□ **SUSPECT** □ **WITNESS**					
Name:	Hm. Phone #:			Cell Phone #:	
Address:	City:			State:	Zip:
DL#:	State:	DOB:		Occupation:	
Marital Status □ Single □ Married □ Widowed □ Divorced			DL Check □ Yes □ No	CCH □ Yes □ No	
INVESTIGATOR USE			SSAN#:	FBI#:	
□ Interviewed	□ Miranda Warning	□ Statement	SID#:	HT_____in WT_____lbs	
□ Confession	□ Photo Obtained	□ Video	Hair_____ Eyes_____	POB:	
□ DNA Standard	□ Audio	□ Fingerprints			

INJURY/FATALITY

Last:	First:	MI:	DOB:	Age:
Address:	City:	State/Zip:		
Hm. Phone:	Cell:	Employer:	Occupation:	
SSAN:	FBI#:	SID#	Other ID#:	
Height:	Weight:	Hair:	Eyes:	POB:
Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated			Smoker? ☐ Yes ☐ No ☐ Unknown	
Victim's Doctor:		Victim's Dentist:		
Clothing/Jewelry Description:				
Scars/Marks/Tattoos:				

Medical Treatment

Treated at Scene ☐ Yes ☐ No	By:	Transported To:

Next of Kin

Name:	Phone:	Notified On:
Address:	City:	State/Zip:

Fatality Information

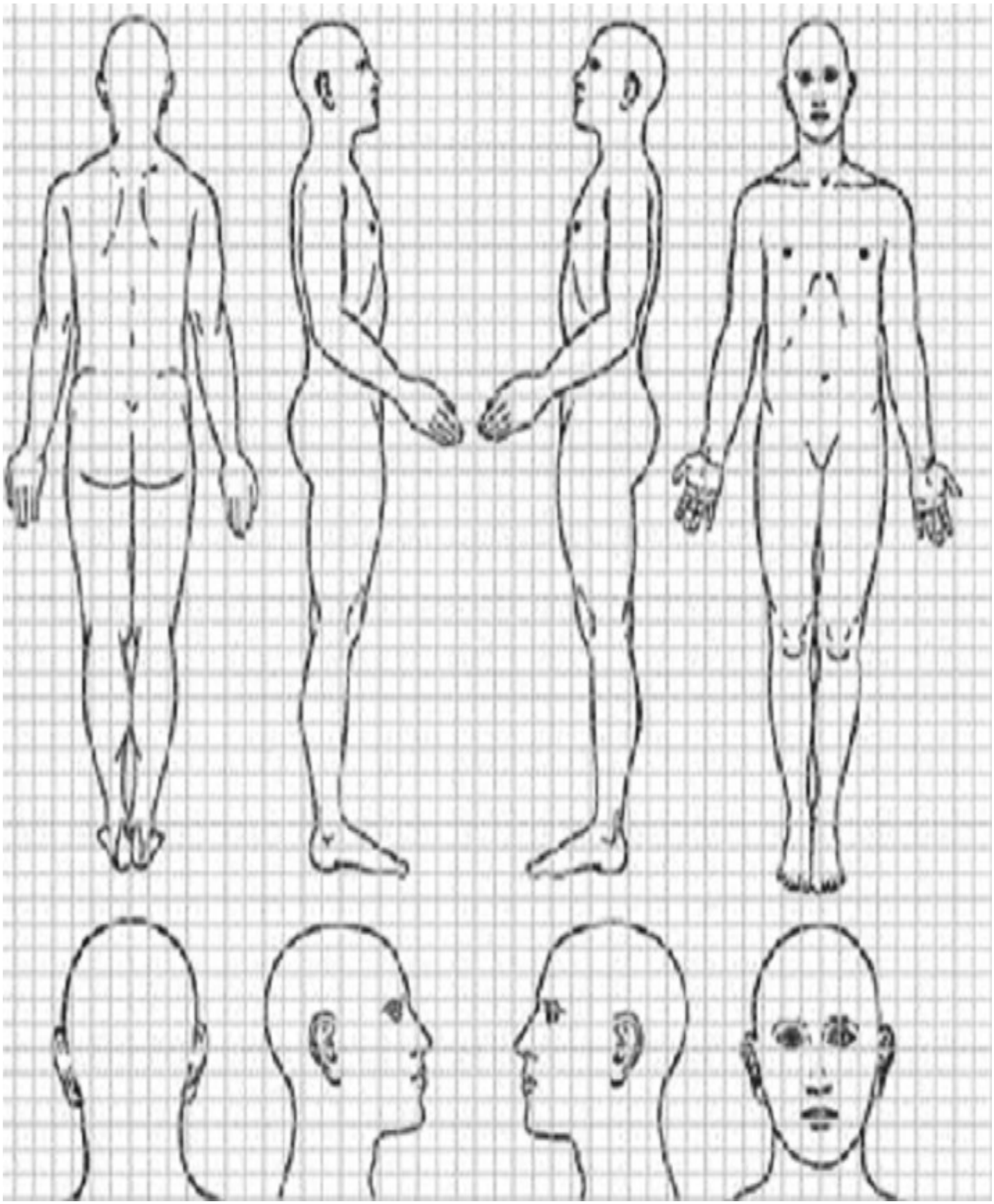
Location Victim Found:	By:	Position of Body:
Body Removed By:	Transported to:	Photographed in Place: ☐ Yes ☐ No
Pronounced by:	Date and time pronounced:	

Medical Examiner

Agency:	Physician:	Date:
Autopsy Requested: ☐ Yes ☐ No	Autopsy Performed: ☐Yes ☐No	Autopsy Report Attached: ☐Yes ☐ No

Injury/Fatality Notes

Mark injuries as follows: Contusions/Bruising in BLUE Blisters in RED Burns in BLACK



VEHICLE NOTES

Make: _____	Model: _____	Year: _____	Color: _____	VIN: _____
Lic. Plate: - _____	State: _____	Registered Owner: _____		
Owner Address : _____	City: _____	State/Zip: _____	Phone: _____	

Driver:	DL State:	DL #:	Relation to Owner:
VIN:	□ Own	□ Rental	□ Lease
Insured? □ Yes □ No	Insurance Carrier:		Policy #:
Lien Holder:	Loan Balance: $		Approx Value:
Describe Interior Damage:			
Describe Exterior Damage:			
Aftermarket Accessories:			

Fire Damaged Areas	□ Exterior	□ Interior	□ Engine Compartment

Exterior - Body

	Burned	Distorted/Melted	Collision Damage	No Damage
Bumper and Grill	□	□	□	□
Hood	□	□	□	□
Left Front	□	□	□	□
Right Front	□	□	□	□
Roof	□	□	□	□
Left Door(s)	□	□	□	□
Right Door(s)	□	□	□	□
Trunk	□	□	□	□
Left Rear	□	□	□	□
Right Rear	□	□	□	□
Rear Bumper Area	□	□	□	□
Underside	□	□	□	□

Remarks:

Exterior - Tires

	Burned		Unusual Tread Wear	
	Yes	No	Yes	No
Left Front	□	□	□	□
Right Front	□	□	□	□
Left Rear	□	□	□	□
Right Rear	□	□	□	□
Spare	□	□	□	□

Remarks:

Tires Show signs of recent removal or exchange? □ Yes □ No

Wheels or wheel covers indicate recent removal/exchange? □ Yes □ No

Indicate Areas of Forced Entry:

□ Door(s) □ Hood □ Trunk □ Glass

Exterior - Glass

	Smoked	Cracked/Broken	Distorted/Melted	N/A
Windshield	☐	☐	☐	☐
Left Door(s)	☐	☐	☐	☐
Right Door(s)	☐	☐	☐	☐
Rear	☐	☐	☐	☐
Sunroof	☐	☐	☐	☐

Remarks:

Interior

	Yes	No	Interior Notes
After market electrical accessories	☐	☐	
Door(s) open during fire	☐	☐	
Window(s) open during fire	☐	☐	
Key in ignition/floor	☐	☐	
Have accessories been removed?	☐	☐	
Any unusual burn patterns?	☐	☐	
Any abnormal melting?	☐	☐	
Any unusual objects in vehicle?	☐	☐	
Was trunk open during fire?	☐	☐	
Any unusual objects in trunk?	☐	☐	

Engine Compartment

	Yes	No		Yes	No
Hood open during fire	☐	☐	Oil below lowest mark on dipstick	☐	☐
Radiator melted	☐	☐	Evidence of excessive fluid leakage	☐	☐
Upper radiator hose burned	☐	☐	Unusual odor/color motor oil	☐	☐
Lower Radiator hose burned	☐	☐	Holes or cracks in transmission case	☐	☐
Drive belts burned	☐	☐	Transmission case burned/melted	☐	☐
Other hoses burned	☐	☐	Transmission has inadequate lubrication	☐	☐
Fan and shroud burned	☐	☐	Unusual odor/color transmission fluid	☐	☐
Inner fenders burned	☐	☐	Any problems with drive-train/suspension	☐	☐
Heating system burned	☐	☐	Motor mounts burned	☐	☐

Remarks:

Electrical System

	Missing	Burned/Discolored	Brittle/Melted	Shorted/Arched
Battery	☐	☐	☐	☐
Battery Connections	☐	☐	☐	☐
Battery Cables	☐	☐	☐	☐
Starter	☐	☐	☐	☐
Alternator/generator	☐	☐	☐	☐
Ignition system	☐	☐	☐	☐
Fuse panel	☐	☐	☐	☐
Wiring harness	☐	☐	☐	☐
After-market accessories	☐	☐	☐	☐

Remarks:

Fuel and Emission System

	Missing	Burned	Distorted/Melted	N/A
Filler cap	☐	☐	☐	☐
Filler assembly	☐	☐	☐	☐
Fuel tank assembly	☐	☐	☐	☐
Fuel lines	☐	☐	☐	☐
Fuel pump(s)	☐	☐	☐	☐
Fuel filter(s)	☐	☐	☐	☐
Carburetor/injectors/turbos	☐	☐	☐	☐
Air intake filter(s)	☐	☐	☐	☐
Fuel Vapor recovery system	☐	☐	☐	☐
Exhaust and tail pipes	☐	☐	☐	☐
Muffler and catalytic converter	☐	☐	☐	☐

Any loose fuel connections? ☐ Yes ☐ No

Any evidence of tampering? ☐ Yes ☐ No

Fuel Tank ☐ Unknown ☐ Empty ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Full