## Investigatcf 7 U Ci hDocument

Investigator:	Date:	Incident #	<u> </u>
Jurisdiction:	Time of	Call:	
Address of Incident:			
Type of ÁÔæ ÁU c Car -ã^ Á	_StructureÁã^Á_	_Brush -ã^Áor Other:	
If Structure Fire, Type of Structure	:Commercial	Multi-Family	Single Family
Fire loss value:	Estimate	d Actual	
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Scene Time (hours): R Training Time: Misc. T		Post Report Ti	ime:
Type of Life Safety System Installe	ed (check all that app	oly):	
No Life Safety Systems In Automatic Fire Alarm			_ 13D Sprinkler
Confined to Room of Origin?	Yes No _	N/A	
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Fire Cause:Accidental	Natural	IncendiaryUnde	etermined
Date of Fire Cause Determination:	By:		

**Investigation Summary Report**