



**Incident Information**

<b>Location:</b>	¼ ¼:	Section:	Township:	Range:
Latitude:	Longitude:		Ownership:	
Est. Start date/time:	Reported date/time:			
Windspeed/Dir:	Relative Humidity:			

Physical Address of the incident:  
 (Street, City, State, Zip)

What burned?	Total Acres:
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Reporting Party Name and Address:

**Person Information**

Use the following codes: "V" Victim "W" Witness "S" Suspect "T" Tennent/Owner


Code:	Name:	Driver License/ID#:			
Sex:	Hair Color:	Eye Color:	Height:	Weight:	DOB:
Address: (Street, City, St, Zip)					
Phone Number:					

Code:	Name:	Driver License/ID#:			
Sex:	Hair Color:	Eye Color:	Height:	Weight:	DOB:
Address: (Street, City, St, Zip)					
Phone Number:					

Code:	Name:	Driver License/ID#:			
Sex:	Hair Color:	Eye Color:	Height:	Weight:	DOB:
Address: (Street, City, St, Zip)					
Phone Number:					

**General Remarks**

(statements, observations, license numbers, equipment ID, evidence etc.)

<b>MONTANA DNRC F-1004</b> (Wildland Fire Investigation Long Form) Page 2 of _____		Incident Name & Unique Fire ID:			
Describe any suppression efforts made before the arrival of firefighters, if any?					
By whom?		What tools were used?			
<b>Specific Cause Category</b>					
<input type="checkbox"/> Debris/Open Burning <input type="checkbox"/> Equipment <input type="checkbox"/> Firearms/Explosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Power Gen/Transmission <input type="checkbox"/> Railroad <input type="checkbox"/> Recreation <input type="checkbox"/> Smoking <input type="checkbox"/> Arson <input type="checkbox"/> Misuse of Fire by Minor <input type="checkbox"/> Other <input type="checkbox"/> Undetermined (Origin or Cause not identified, or destroyed)					
If Burning selected:		Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit conditions Complied with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Piles: <input type="checkbox"/> Hand Piles <input type="checkbox"/> Machine Piles		Length/diameter:	Width:	Height:	
If Incinerator or other Container:	Clearance:	Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Screen size:		
If Railroad Selected:	Rail Company:		Nearest Mile Marker:		
Fire Guard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Maintained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Train#:	Time passed:		
Direction of Travel:		Train Owner:			
If Powerline Selected:	Power Company:		Size of line (Kv):		
Name/Number Nearest Pole:	Tree Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	R.O.W. Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Specific Fire Cause Narrative</b>					
What caused the fire? (Opinions/Conclusions)					
<b>Statutes/ Ordinances Violated</b>					
<b>ADDITIONAL INFORMATION</b>					
Was there damage the property of others? <input type="checkbox"/> Yes <input type="checkbox"/> No		Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No		Attach Company Contact Info	
Where photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, by whom?			
Are suppression costs billable on this Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Action Taken	<input type="checkbox"/> No action <input type="checkbox"/> Continued investigation <input type="checkbox"/> Criminal <input type="checkbox"/> Civil litigation <input type="checkbox"/> Judicial <input type="checkbox"/> Administrative				
Investigator Name:					
Investigator Title:					
Investigator Signature:		Date:			
Additional Supplemental Documents attached: (List attachments – map, diagram, notes, etc)					