

# VEHICLE FIRE INVESTIGATION

Fire Dept. \_\_\_\_\_

Incident No. \_\_\_\_\_

Date/Time Of Investigation \_\_\_\_\_

Vehicle Examined At \_\_\_\_\_

Location At Time Of Fire \_\_\_\_\_

Alley  Building  Driveway/Garage  Field  Freeway  Park  Pk Lot  Street

Date Of Fire \_\_\_\_\_ Day \_\_\_\_\_ Time of Call \_\_\_\_\_ Arrived \_\_\_\_\_ Clear \_\_\_\_\_

### *Description Of Vehicle*

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

Owner \_\_\_\_\_

Address \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color: (Top) \_\_\_\_\_ (Bottom) \_\_\_\_\_

License Plate:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Lien Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_



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Boyne City, Michigan 49712  
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Licensed in Michigan, Ohio  
Illinois, Indiana and Arizona

### Passenger Compartment (Interior)

1	Dashboard:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Partially Consumed <input type="checkbox"/>	Consumed <input type="checkbox"/>		
2	Radio:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Aftermarket <input type="checkbox"/>			
3	Speakers:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Aftermarket <input type="checkbox"/>			
4	Bulkhead:	Intact <input type="checkbox"/>	Breached By Fire <input type="checkbox"/>				
5	Ignition:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	On Position <input type="checkbox"/>	Off Position <input type="checkbox"/>	Locked <input type="checkbox"/>	Thumb Assist Off <input type="checkbox"/>
		Tampered With/Intact <input type="checkbox"/>	Tampered With/Defeated <input type="checkbox"/>	Destroyed By Fire <input type="checkbox"/>	In Debris <input type="checkbox"/>		
6	Steering Column:	Intact/Locked <input type="checkbox"/>	Intact/Unlocked <input type="checkbox"/>	Tampered With/Intact <input type="checkbox"/>			
		Tampered With/Defeated <input type="checkbox"/>		Missing <input type="checkbox"/>	Destroyed By Fire <input type="checkbox"/>		
7	Gear Shift Selector (Column <input type="checkbox"/> Floor <input checkbox"="" type="checkbox/&gt;)&lt;/td&gt; &lt;td&gt;Locked &lt;input type="/>	Unlocked <input type="checkbox"/>	Destroyed By Fire <input type="checkbox"/>				
		Manual <input type="checkbox"/>					
8	Front Seat:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Partially Consumed <input type="checkbox"/>	Consumed <input type="checkbox"/>		
9	Rear Seat:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Partially Consumed <input type="checkbox"/>	Consumed <input type="checkbox"/>	N/A <input type="checkbox"/>	
10	Third Seat:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Partially Consumed <input type="checkbox"/>	Consumed <input type="checkbox"/>	N/A <input type="checkbox"/>	
11	Glove Box:	Intact <input type="checkbox"/>	Partially Consumed <input type="checkbox"/>	Consumed <input type="checkbox"/>			
	Items In Glove Box	_____					
	Owner's Manual	<input type="checkbox"/>		Miscellaneous Papers <input type="checkbox"/>			
12	Center Console	Intact <input type="checkbox"/>	Partially Consumed <input type="checkbox"/>	Consumed <input type="checkbox"/>	N/A <input type="checkbox"/>		
	Items In Center Console	_____					

**Passenger Compartment (Interior) Cont.**

<b>13</b>	<b>Air Bags:</b>				
	Steering Wheel:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Deployed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/> N/A <input type="checkbox"/>
	Passenger Side Dash:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Deployed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/> N/A <input type="checkbox"/>
	Right Rear:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Deployed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/> N/A <input type="checkbox"/>
	Left Rear:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Deployed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/> N/A <input type="checkbox"/>
	Side Air Bags (Driver):	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Deployed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/> N/A <input type="checkbox"/>
	Side Air Bags (Pass):	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Deployed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/> N/A <input type="checkbox"/>
	Headliner/Curtain:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Deployed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/> N/A <input type="checkbox"/>
<b>14</b>	Ignition Key:	None Found <input type="checkbox"/>	In Ignition <input type="checkbox"/>	At Scene <input type="checkbox"/>	In Debris <input type="checkbox"/>
<b>15</b>	Odometer Reading: _____				
	Analog <input type="checkbox"/> Digital <input type="checkbox"/> Vandalized <input type="checkbox"/> Oil Change Sticker <input type="checkbox"/>				
	Removed <input type="checkbox"/> Destroyed By Fire <input type="checkbox"/> Date: _____				
<b>16</b>	Title Information: (Date Of Transfer To Current Owner/Mileage)				
<b>17</b>	Ashtray: Smoking Materials Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Cigar Lighter Used <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
<b>18</b>	Personal Effects In Passenger Compartment				

**Engine Compartment**

<b>19</b>	Engine Accessibility:	Limited (Hood Jammed) <input type="checkbox"/>	Open <input type="checkbox"/>	Forced Open By Investigator <input type="checkbox"/>	
<b>20</b>	Engine:	Intact	Missing	Partially Stripped	Fire Damaged
<b>21</b>	Battery:	Intact	Missing	Fire Damaged	
<b>22</b>	Aux Battery:	Intact	Missing	Fire Damaged	N/A
<b>23</b>	Radiator:	Intact	Missing	Fire Damaged	
<b>Fluid Levels - NOTE: D.B.F. = DRAINED BY FIRE</b>					
<b>24</b>	Oil	Transmission	Radiator	Brake	Power Steering
	D.B.F.	D.B.F.	D.B.F.	D.B.F.	D.B.F.
<b>25</b>	Belts:	Intact	Partially Consumed	Consumed	
<b>26</b>	Upper Hose:	Intact	Partially Consumed	Consumed	
<b>27</b>	Lower Hose:	Intact	Partially Consumed	Consumed	
<b>28</b>	Engine Parts Missing:				
<b>29</b>	Anti-Theft System:	Factory <input type="checkbox"/>	Type: _____		Unknown <input type="checkbox"/>
		Aftermarket <input type="checkbox"/>	Type: _____		
<b>30</b>	Additional Information:				

**Exterior Examination**

<b>31</b>	Tires:				
	Type	Custom Wheels/ Wheel Covers	% of Tread Wear	No. Of Lugs	Missing
LF					
LR					
RR					
RF					

### Door Cylinders (Locks)

<b>32</b>	Driver Door:	Intact		Fire Damaged		Forced Entry	
<b>33</b>	Left Rear (sliding/cargo) Door(s):	Intact		Fire Damaged		Forced Entry	
<b>34</b>	Rear Cargo Door(s):	Intact		Fire Damaged		Forced Entry	
<b>35</b>	Right Rear (sliding/cargo) Door(s):	Intact		Fire Damaged		Forced Entry	
<b>36</b>	Passenger Door:	Intact		Fire Damaged		Forced Entry	

### Trunk Compartment Examination

<b>37</b>	Pickup		Van		Utility Vehicle		Other					
<b>38</b>	Trunk Lock:	Intact		Locked		Open		Fire Damaged		Forced		
<b>39</b>	If Forced, By Whom?											
<b>40</b>	Trunk Release:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Entry To Trunk:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Trunk Contents

<b>41</b>	Spare Tire:	Intact		Missing		On Vehicle		Fire Damaged			
<b>42</b>	Tire Change Equipment:	Intact	<input type="checkbox"/>	Missing	<input type="checkbox"/>	At Scene	<input type="checkbox"/>	Engine Compartment	<input type="checkbox"/>		
<b>43</b>	CD Changer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other Contents/Personal Effects In Trunk Compartment/Cargo Area:					

### Glass Condition

<b>44</b>	Windshield:	Intact		Missing		Melted/Cracked By Heat		Broken		In		Out	
<b>45</b>	Electric Windows:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
<b>46</b>	Driver's Window:	Intact	<input type="checkbox"/>	Missing	<input type="checkbox"/>	Melted/Cracked By Heat	<input type="checkbox"/>	Broken	<input type="checkbox"/>	In	<input type="checkbox"/>	Out	<input type="checkbox"/>
	Position:	Up	<input type="checkbox"/>	Down	<input type="checkbox"/>								
<b>47</b>	Left Rear Window:	Intact	<input type="checkbox"/>	Missing	<input type="checkbox"/>	Melted/Cracked By Heat	<input type="checkbox"/>	Broken	<input type="checkbox"/>	In	<input type="checkbox"/>	Out	<input type="checkbox"/>
	Position:	Up	<input type="checkbox"/>	Down	<input type="checkbox"/>	Stationary	<input type="checkbox"/>	Moveable	<input type="checkbox"/>				
<b>48</b>	Left Rear 3 <sup>rd</sup> Window:	Intact	<input type="checkbox"/>	Missing	<input type="checkbox"/>	Melted/Cracked By Heat	<input type="checkbox"/>	Broken	<input type="checkbox"/>	In	<input type="checkbox"/>	Out	<input type="checkbox"/>
	Position:	Stationary	<input type="checkbox"/>	Moveable	<input type="checkbox"/>								
<b>49</b>	Rear Window:	Intact		Missing		Melted/Cracked By Heat		Broken		In		Out	
<b>50</b>	Right Rear 3 <sup>rd</sup> Window:	Intact	<input type="checkbox"/>	Missing	<input type="checkbox"/>	Melted/Cracked By Heat	<input type="checkbox"/>	Broken	<input type="checkbox"/>	In	<input type="checkbox"/>	Out	<input type="checkbox"/>
	Position:	Stationary	<input type="checkbox"/>	Moveable	<input type="checkbox"/>								
<b>51</b>	Right Rear Window:	Intact	<input type="checkbox"/>	Missing	<input type="checkbox"/>	Melted/Cracked By Heat	<input type="checkbox"/>	Broken	<input type="checkbox"/>	In	<input type="checkbox"/>	Out	<input type="checkbox"/>
	Position:	Up	<input type="checkbox"/>	Down	<input type="checkbox"/>	Stationary	<input type="checkbox"/>	Moveable	<input type="checkbox"/>				

# VEHICLE FIRE INVESTIGATION **4**

<b>52</b>	Passenger Window: Intact <input type="checkbox"/> Missing <input type="checkbox"/> Melted/Cracked By Heat <input type="checkbox"/> Broken <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Position: Up <input type="checkbox"/> Down <input type="checkbox"/>									
<b>53</b>	Sun Roof:	Open		Missing		Closed		Fire Damaged		
<b>54</b>	Convertible:	Up		Missing		Down		Fire Damaged		
<b>55</b>	T-Top:	On		Missing		Fire Damaged				
<b>56</b>	Hard/Soft Top:	On		Missing		Fire Damaged				

**Under Vehicle**

<b>57</b>	Gasoline <input type="checkbox"/>		Diesel <input type="checkbox"/>		Natural Gas <input type="checkbox"/>		Electric <input type="checkbox"/>		Hybrid <input type="checkbox"/>		
<b>58</b>	<b>1.</b>	Fuel Tank:	Intact		Missing		Fire Damaged				
<b>59</b>	<b>1.</b>	Fill Pipe:	Intact		Missing		Fire Damaged				
<b>60</b>	<b>1.</b>	Fuel Cap:	Intact		Missing		Fire Damaged				
<b>61</b>	<b>2.</b>	Fuel Tank:	Intact		Missing		Fire Damaged				
<b>62</b>	<b>2.</b>	Fill Pipe:	Intact		Missing		Fire Damaged				
<b>63</b>	<b>2.</b>	Fuel Cap:	Intact		Missing		Fire Damaged				
<b>64</b>	Transmission Pan:		Intact		Missing		Leakage Noted	Yes		No	
<b>65</b>	Oil Pan:		Intact		Missing		Leakage Noted	Yes		No	

NOTE: For Damage \* L = Light M = Medium H = Heavy

	Areas	Open	Closed	Missing	Rust	Damage *	Vandalized	Consumed
<b>66</b>	Front Bumper:							
<b>67</b>	Hood:							
<b>68</b>	Grille:							
<b>69</b>	Left Fender:							
<b>70</b>	Driver's Door:							
<b>71</b>	Left Rear (sliding/cargo)							
<b>72</b>	Left Quarter Panel:							
<b>73</b>	Trunk Lid/Tail Gate:							
<b>74</b>	Rear Cargo Door(s):							
<b>75</b>	Rear Bumper:							
<b>76</b>	Roof:							
<b>77</b>	Right Quarter Panel:							
<b>78</b>	Right Rear (sliding/cargo)							
<b>79</b>	Passenger Door:							
<b>80</b>	Right Fender:							

<b>81</b>	Body Condition:	Excellent		Good		Fair		Poor
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<b>82</b>	Evidence Confiscated:
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Investigated By: \_\_\_\_\_