



# BELLEVILLE FIRE DEPARTMENT Witness Statement

## Employee Information

<b>Name:</b>	<b>D.O.B.:</b> /          / Year            Month Day
<b>Address:</b> _____ _____ _____ _____	<b>Home Phone:</b> _____ _____ <b>Cell Phone:</b> _____ _____
<b>Rank (circle one)</b> Firefighter / Acting Captain / Captain / TO / FPO / SFPO	<b>Years of Service:</b>
<b>Apparatus Number:</b>	<b>Crew Position on Apparatus:</b>

## Incident Observations

<b>Type of incident:</b> _____ _____ _____ _____ _____ _____	<b>Address/Location of Incident:</b> _____ _____ _____ _____
<b>Date of Incident:</b> / /    Year            Month Day	<b>Time of Incident:</b>
<b>Was your apparatus _____ to Arrive (circle one)</b> First / Second / Third / Fourth / Fifth / Sixth	<b>Apparatus Arrival Time:</b>
<b>Was Smoke Visible?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Were Flames Visible?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>What Colour was the Smoke?</b>	<b>What Colour was the Flames?</b>

<p><b>Location of Smoke:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Location of Flames:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Was the Premise:</b>    <input type="checkbox"/> Locked    <input type="checkbox"/> Unlocked</p> <p><b>If Unlocked, Explain:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Was the Occupant/Owner on Scene?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>Explain:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Where Was Your Point of Entry?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>How Was Entry Made?</b> (opened door or window, etc..)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>What Were Your Observations upon Entry?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Was Your Entry for Search and Rescue?</b></p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>
<p><b>Was Your Entry for Suppression Purposes?</b></p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>	<p><b>Did You Locate victim(s)?</b>    <input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><b>If Yes, Explain:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Did You Move Victim(s)?</b>    <input type="checkbox"/> YES</p>	<p><b>Did You Provide Patient Care?</b>    <input type="checkbox"/></p>

NO  
*If Yes,  
Explain:*\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES  NO  
*If Yes,  
Explain:*\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Incendiary Device Located?*      YES  
 NO  
*If Yes,  
Explain:*\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Was This Device Removed?*      YES  
 NO  
*If Yes,  
Explain:*\_\_\_\_\_

\_\_\_\_\_

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*Summary of your  
Actions:*\_\_\_\_\_

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*Diagram (Layout of entry to indicate location  
of victims, fire, devices, point of entry, etc...)*

_____ _____ _____ _____ _____	
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<b><i>Date Completed:</i></b> /                    / <b><i>Signature:</i></b>  Year                    Month                    Day
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