



U.S. Department of Justice
Federal Bureau of Investigation

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Uniform Crime Reports Arson Incident Reporting Handbook

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ARSON INCIDENT REPORTING HANDBOOK
Director, Federal Bureau of Investigation

Washington, D.C.

1986

This Handbook was designed to ensure the development of a reliable arson data base and the most accurate reporting possible. It will assist persons preparing the forms in understanding and completing the Arson Incident Report, as well as aid administrators in analyzing the statistics resulting from the data collection. Additional copies of the book are available upon request.

Recognizing the responsibility for arson determination and investigation varies greatly among jurisdictions, the data collection procedures have been designed to accommodate unique situations. The agency responsible for making the arson determination should submit the initial report and the agency responsible for conducting the subsequent investigation (if different) should supply information on the results of its efforts.

Fire service or law enforcement agencies responsible for determining, investigating, or prosecuting arson crimes are invited to participate in the arson data collection. Instructional materials, blank forms, and postage-paid return envelopes will be supplied to contributors. In addition, periodic statistical reports that are generated from the program will be furnished to all participants, and special data compilations will be provided upon request.

Inquiries concerning the arson data collection program or requests for reporting forms and mailing supplies may be directed to:

Special Programs Unit - Arson
Uniform Crime Reporting Program
Federal Bureau of Investigation
Washington, D. C. 20535

Telephone (202) 324-2614

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U.S. Department of Justice
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ACQUISITIONS

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INTRODUCTION

By congressional mandate in October 1978, the FBI's Uniform Crime Reporting (UCR) Program classified arson temporarily as a Part I, Crime Index offense and initiated procedures to capture data concerning the nature and extent of arson in the Nation. As the eighth Index offense, arson was added to the UCR data collection in 1979 following a thorough study by the Program staff, involving members of the law enforcement, fire service, and insurance communities. Further legislation, the Anti-Arson Act of 1982, Public Law 97-298, mandated that arson be permanently classified as an Index crime in UCR. It also authorized and directed the FBI to develop and prepare a special statistical report on arson in cooperation with the National Fire Data Analysis Center, U. S. Fire Administration, and to make public the results.

The FBI has created a special arson data collection within the Uniform Crime Reports to fulfill the mandate. This special collection differs significantly from the effort begun in 1979. Rather than simply collecting aggregate information, this program will solicit incident-by-incident detail. Present analytical capabilities will be enhanced by the data generated from the program, allowing more varied and innovative analyses concerning incident characteristics and profiles to assist users with arson-related informational needs. It is hoped that the information obtained may be utilized by local agencies in policy

setting, planning efforts, and managerial decisionmaking regarding arson prevention, detection, and investigation. Dependable arson data is essential for a successful, strategic, and defensive arson resistance program.

Once the arson data submitted to the FBI UCR Program are processed and tabulated, the results will be furnished for the guidance and benefit of any agency or individual with such a need. Present plans include an annual release similar in format and presentation to the "Law Enforcement Officers Killed and Assaulted" and the "Bomb Summary" publications. Just as the programs relating to the aforementioned reports developed, the arson collection is expected to show an increase in data content, form, and analyses once larger data bases are established.

CHAPTER I REPORT SUBMISSION

REPORTING PROCEDURES

The data collection instrument for the special arson program is the Arson Incident Report. This form has been designed and thoroughly reviewed by officials of the fire service and law enforcement communities, representatives of other governmental agencies, and UCR personnel familiar with pre-collection research and data collection concepts. Pretesting has indicated that the report form can be completed from existing fire service records in 10-15 minutes. It should be noted that this program collects only data pertaining to actual or attempted arsons, not suspicious fires.

The Arson Incident Report is a 4-part, snapout form consisting of a national copy, a state copy, an agency copy, and a referral copy. The agency making the arson determination should complete one form for each arson. Once a form is completed, the reporting agency should remove the agency copy for its files, and if another agency is assuming responsibility for the arson investigation, send the referral copy directly to that agency. The state and national copies should be held and forwarded in bulk at the end of the month to either the State Fire Marshal or the FBI. These arrangements will vary from state to state. It is requested that all forms for a reporting month be forwarded by the 7th day after the month's end. Should state copies be sent along with the national copies directly to the FBI from a contributing agency, the UCR Program will return the appropriate copies to State Fire Marshals.

ARSON INCIDENT REPORT
(For Fires Determined Through Investigation to be Actual or Attempted Arson)

DO-84 (4-4-85)
Form Approved
OMB No. 1110-0013

Pursuant to the Anti-Arson Act of 1982 (Public Law 97-298) the F.B.I. has been designated to collect, compile, and publish nationwide data concerning incidents of arson. Your voluntary cooperation is requested by forwarding this report (as complete as possible) within seven days after the close of the month to the Special Arson Program, Uniform Crime Reports, Federal Bureau of Investigation, Washington, D.C. 20535.

Initial Report Supplemental/Amended Report

Referred to Other Investigating Agency:

Agency _____ FDID or ORI _____ Telephone Number _____
 Address _____ City/State/Zip _____

OFFENSE DATA	FDID or ORI	Incident No.	Mo.	Day	Year	Day of Week	Alarm Time	<input type="checkbox"/> Actual Arson	
								<input type="checkbox"/> Attempted Arson	
	Specific Property Use	Estimated Value of Property Damage						.00	Area of Fire Origin
	Mobile Property Type	Estimated Value of Property Damage						.00	Previously Classified Suspicious: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Exposure Fire(s)	Accumulative Estimated Value of Property Damage Due to Exposure Fire(s) Only						.00	Uninhabited, Abandoned, or Not Normally in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No
IGNITION DEVICE(S)	ACCELERANT(S)		INJURIES/DEATHS						
	Open Flame <input type="checkbox"/>	Fammable/Combustible Liquid <input type="checkbox"/>	Total Number of			Injuries	Deaths		
Molotov Cocktail <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Occupant/Resident							
Delay/Timing <input type="checkbox"/>	Available Materials <input type="checkbox"/>	Fire Service							
Electrical <input type="checkbox"/>	Unknown Liquid <input type="checkbox"/>	Law Enforcement							
Explosive <input type="checkbox"/>	Wood/Paper Products <input type="checkbox"/>	Emergency Medical Service							
Fireworks <input type="checkbox"/>	Other (Specify) _____ <input type="checkbox"/>	Perpetrator/Suspect							
Chemicals <input type="checkbox"/>		Other and Non-Occupant							
Other (Specify) _____ <input type="checkbox"/>									

OFFENDER DATA	A. Status:		B. Arrestee(s): Age, Sex, Race, Ethnic Origin (ASREO)					
	Investigation Continuing <input type="checkbox"/>	Investigation Inactive <input type="checkbox"/>	Line 1. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____					
	Investigation Closed <input type="checkbox"/>	Cleared by Arrest <input type="checkbox"/>	Line 2. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____					
	Otherwise/Exceptionally Cleared <input type="checkbox"/>	Unfounded <input type="checkbox"/>	Line 3. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____	Does this arrest clear a previous arson offense(s)? <input type="checkbox"/> Yes Total number cleared _____ <input type="checkbox"/> No				
C. Multiple Arson Clearance(s) Situations:								
Arson	Incident Number	Date of Incident	Arrestee(s) ASREO (From Part B)					
1	_____	_____	Line _____					
2	_____	_____	Line _____					
3	_____	_____	Line _____					
D. DISPOSITION OF ARRESTEE(S)		E. SENTENCE		F. SUSPECTED MOTIVATION				
Arson Conviction as Charged	Line _____	Community Service	Line _____	Vandalism/Malicious Mischief	<input type="checkbox"/>			
Convicted of Other Offense	Line _____	Fine	Line _____	Profit/Insurance Fraud	<input type="checkbox"/>			
Acquitted	Line _____	Incarceration	Line _____	Revenge/Spite/Jalousy	<input type="checkbox"/>			
Dismissed	Line _____	Length of Sentence _____		Crime Concealment	<input type="checkbox"/>			
Psychiatric Referral	Line _____	Probation	Line _____	Intimidation/Extortion	<input type="checkbox"/>			
Counseled and Released	Line _____	Restitution	Line _____	Pyromania	<input type="checkbox"/>			
Other Disposition (Specify) _____	Line _____	Other Sentence (Specify) _____	Line _____	Civil Disturbance	<input type="checkbox"/>			
DATE _____/_____/_____		DATE _____/_____/_____		Other (Specify) _____	<input type="checkbox"/>			

If possible, furnish a copy of the investigative report or a brief narrative statement of the relevant circumstances.

Prepared by _____ Title _____ Agency _____ Date _____
 Telephone Number _____ Address _____ City/State/Zip _____

The above data are the evaluation and opinion of the investigating personnel based on the best information available at the time this report was prepared.

NATIONAL COPY

IDENTIFYING DATA

Initial Report

Initial Report

Check this block to indicate the first (initial) report is being submitted regarding an arson incident. While it is recognized that there may often be a time lag between the initial report and the subsequent submission of arrest and conviction data, please submit as much information as possible within 7 days after the close of the month.

Supplemental/Amended Report

Supplemental/Amended Report

Check this block to indicate that additional or corrected information is being submitted to supplement or change an existing data record which was created when the Initial Report was processed. Also, always complete the FDID/ORI through ACTUAL/ATTEMPTED ARSON blocks on the first line of the offense data portion of the form to identify the Initial Report.

FDID or ORI	Incident No.	Mo.	Day	Year	Day of Week	Alarm Time	<input type="checkbox"/> Actual Arson
							<input type="checkbox"/> Attempted Arson

On the remainder of the form, fill in only those data fields being added or changed.

REFERRED TO OTHER INVESTIGATING AGENCY

Referred to Other Investigating Agency:

Agency	FDID of ORI	Telephone Number
Address	City/State/Zip	

This category is to be completed when further investigation, etc., of an arson incident is referred to or assumed by another agency. For example, ABC Fire Department arrives on the scene of a fire and quickly extinguishes it. It is determined this burning was an intentional act of arson; however, the ABC Fire Department does not have investigative powers. The findings and case are referred to the State Fire Marshal, county sheriff's office, local police or other investigatory agency for the needed investigation and future handling. Information clearly identifying the agency to which the ABC Fire Department referred the arson is entered here.

Once the initial report block has been checked and the referral information has been entered at the top of the form, as much of the remainder of the form as possible should be completed, especially the first line of the offense data section. The referral copy of the form should then be directed to the investigative agency.

The investigative agency should be requested to supply any subsequent data additions or changes. Since the referral copy is a carbon of the initial report, it will not be necessary

for an investigative agency to enter any identifying data, and all information developed can be entered directly on this referral copy. If necessary, the back of the sheet can be used to write additional details. Once completed, the referral copy should be returned to the fire service agency initially preparing and furnishing the form. This agency will in turn be able to update its records and then report the data to the FBI directly or through the State Fire Marshal. Reporting can be accomplished by merely marking the "Supplemental/Amended Report" box at the top of the referral form and then forwarding it along with the next regular data submission.

It is suggested that the reporting agency maintain a copy of the referral form for its records. In the event additional offense or offender data becomes available, the agency may consult its copy for previously reported data and then forward any updated information to the appropriate agency.

CHAPTER II
OFFENSE DATA

After the identifying and/or referral data have been completed, provide offense data for that section of the report. Information relating to the time of the arson, property damage/use, devices/accelerants, and injuries/deaths should be recorded in this section.

OFFENSE DATA	FDID or ORI		Incident No		Mo.	Day	Year	Day of Week	Alarm Time	<input type="checkbox"/> Actual Arson	
										<input type="checkbox"/> Attempted Arson	
	Specific Property Use			Estimated Value of Property Damage						Area of Fire Origin	
	Mobile Property Type			Estimated Value of Property Damage						Previously Classified Suspicious. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Exposure Fire(s)			Accumulative Estimated Value of Property Damage Due to Exposure Fire(s) Only						Uninhabited, Abandoned, or Not Normally in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IGNITION DEVICE(S)		ACCELERANT(S)		INJURIES/DEATHS							
Open Flame 1 <input type="checkbox"/>		Flammable/Combustible Liquid 1 <input type="checkbox"/>		Total Number of		Injuries		Deaths			
Molotov Cocktail 2 <input type="checkbox"/>		Natural Gas 2 <input type="checkbox"/>		Occupant/Resident							
Delay/Timing 3 <input type="checkbox"/>		Available Materials 3 <input type="checkbox"/>		Fire Service							
Electrical 4 <input type="checkbox"/>		Unknown Liquid 4 <input type="checkbox"/>		Law Enforcement							
Explosive 5 <input type="checkbox"/>		Wood/Paper Products 5 <input type="checkbox"/>		Emergency Medical Service							
Fireworks 6 <input type="checkbox"/>		Other (Specify) 6 <input type="checkbox"/>		Perpetrator/Suspect							
Chemicals 7 <input type="checkbox"/>				Other and Non-Occupant							
Other (Specify) 8 <input type="checkbox"/>											

The first line of the Offense Data section (FDID/ORI through ACTUAL/ATTEMPTED ARSON) should be completed for all submissions. These data elements act as a means of specific identification for each distinct arson incident; also, coupled with the designation of INITIAL REPORT or SUPPLEMENTAL/AMENDED REPORT, these data indicate whether the submitted report pertains to a new arson incident or to a previously submitted report.

The individual entries on this line are as follows:

FDID or ORI

Definitions: FDID - The Fire Department Identification is a unique number which identifies a particular fire department. This number may also identify the state, county, fire district, or other jurisdiction in which a fire department is located.

ORI - The Originating Agency Identifier is a unique number which identifies a specific law enforcement agency (sheriff's office, police department, state police agency, etc.) by location.

Instructions: In the FDID or ORI block, insert the unique code which identifies that particular fire department or law enforcement agency. If none is assigned or the code is unknown, please leave blank.

Examples:

The FDID for the Louisville, Kentucky, Fire Department is:

FDID or ORI 56290

The ORI for the Louisville, Kentucky, Police Department is:

FDID or ORI KY05602

INCIDENT NUMBER

Definition: A unique case number assigned to each arson, clearly distinguishing separate instances within the same reporting year. This number may be assigned by an alarm or dispatch center; or where incident numbers are not formally assigned, a year to date count of the number of arsons experienced in the jurisdiction may be used. These numbers are employed since the date and time of the incident are not always reliable in that multiple arsons may occur at the same time.

Instructions: Insert in the Incident Number block the unique number which identifies a particular arson incident.

Examples:

This arson is the fourteenth (14) fire of the year to date.

Incident No. 14

The incident number was assigned to this arson by the dispatch center.

Incident No. 00157

DATE OF INCIDENT

Definition: The calendar month, day, and the last two digits of the year in which the alarm was received.

Instructions: Insert in the Month, Day, and Year block the numerical designations for the date of the incident.

Example: The date of occurrence of a factory fire was January 24, 1986.

Mo.	Day	Year
01	24	86

DAY OF THE WEEK

Definition: The specific day of the week on which the arson took place and its numerical code.

Instructions: Write in the day and its numerical code as follows: Sunday, 1; Monday, 2; Tuesday, 3; Wednesday, 4; Thursday, 5; Friday, 6; and Saturday, 7.

Example: The day of the week on which this incident occurred was Friday.

Day of Week
Friday 6

ALARM TIME

Definition: The exact time (in hours and minutes) when the alarm was received by the fire department alarm center. If the alarm time is unknown, the approximate time of the arson occurrence is to be used.

Instructions: Enter in the Alarm Time block the time to the nearest minute using the 24-hour clock system (0001-2400) as shown below.

- 2:10 a.m. = 0210
- 2:20 p.m. = 1420
- 12:00 midnight = 2400
- 12:10 a.m. = 0010

Examples:

A fire alarm was received at the ABC Fire Department at 11:45 p.m. or 2345.

Alarm Time			
2	3	4	5

The time a fire alarm was received at the ABC Fire Department is unknown, but the approximate time of occurrence for the incident was 1:15 a.m. or 0115.

Alarm Time			
0	1	1	5

ACTUAL ARSON-ATTEMPTED ARSON

Definition: Arson is the unlawful and intentional damage to, or attempt to damage, any real or personal property by fire or incendiary explosive device.

Instructions: Place a checkmark in the relevant block to designate whether the incident was an "Actual Arson" or "Attempted Arson." (Note: A suspicious fire should not be scored as an attempted arson.)

Examples:

Three rooms in a house were destroyed by arson.

<input checked="" type="checkbox"/> Actual Arson
<input type="checkbox"/> Attempted Arson

A Molotov cocktail was thrown into a store front but failed to ignite.

<input type="checkbox"/> Actual Arson
<input checked="" type="checkbox"/> Attempted Arson

SPECIFIC PROPERTY USE

Definition: The specific use of the property targeted rather than the type of building structure.

Instructions: Enter the current use of the specific space, structure, portion of a structure, or open piece of land that was involved in the actual or attempted arson and insert the three-digit Specific (or Fixed) Property Use Code from the most current edition of the National Fire Protection Association, NFPA-901, Uniform Coding for Fire Protection. If the NFPA-901 Code is unavailable, leave the space blank.

Example: An arson occurred in a restaurant on the ground floor of an office building.

Specific Property Use	
Restaurant	1 6 1

Note: The structure in this case generally serves as an office building; however, the use of the exact space where the arson fire actually occurred was a RESTAURANT.

ESTIMATED VALUE OF PROPERTY DAMAGE

Definition: The actual or the best estimated dollar value damage to all property, except that which is mobile in nature (See Mobile Property Type). The estimated dollar values should be based on a like kind and quality replacement cost, considering structural damage and loss of contents as well as damages incurred during extinguishment.

Example: Arson damage to a residence, along with the value of furnishings and clothing ruined by smoke and water, totals \$12,700.

Estimated Value of Property Damage			1		2		7		0		0		.00
---------------------------------------	--	--	---	--	---	--	---	--	---	--	---	--	-----

Note: Include fences, crops, and any other property damaged by fire.

It is recognized that fire service and law enforcement agencies are not in the appraisal business and that time limitations inherent in these professions are strict. Therefore, the following guidelines are suggested in order to enable reasonable estimates:

- a. Use reasonable fair market value estimates for real estate or personal property subject to appreciation due to improvements made, the market at a given time, or other factors. Also use fair market value for property or articles which may depreciate because of wear and tear, age, or other factors which cause the value to decrease with use.

- b. Use cost to the merchant (wholesale cost) of goods lost by retail establishments, warehouses, etc. Use the dollar value representing the actual cash loss to the victim without any markup or profit added.
- c. Use victim's evaluation of items such as jewelry, watches, and other similar goods which decrease in value slightly or not at all with use or age.

Note: When the victim obviously exaggerates the value of damaged property for insurance or other purposes, common sense and good judgment will dictate a fair market value to be placed on the items.

In most instances the victim's evaluation can be accepted. No value should be assigned to nonnegotiable instruments such as traveler's checks, personal checks, money orders, stocks, bonds, food stamps, etc. Negotiable instruments such as bonds payable to the bearer, etc., are valued at the current market price at the time of loss.

AREA OF FIRE ORIGIN

Definition: The primary use of the area within the property where the fire actually originated.

Instructions: Write in the use of the room or space where the fire originated. Then insert the NFPA-901 Code, if available.

Example: An overnight fire, which originated in the kitchen of a restaurant, did considerable damage. The fire was determined to have been intentionally set to gain insurance proceeds.

Area of Fire Origin	
Kitchen	24

MOBILE PROPERTY TYPE

Definition: All mobile property which was designed to be movable in relation to fixed property whether or not it is still movable (e.g., a mobile home placed on a foundation and used as a residence).

Instructions: Write in the mobile property and insert the two-digit NFPA-901 Code, if available. Then in the Specific Property Use block, write what the property was being used as and insert the appropriate NFPA-901 Codes. If the codes are unavailable, leave the spaces blank.

NUMBER OF EXPOSURE FIRES

Definition: A fire(s) in a building, structure, vehicle, or other property resulting from an arson incident outside that building, structure, vehicle, or property.

Instructions: Insert the "Total" number of resulting (exposure) fires that spread to other buildings or other types of properties.

Examples:

An arson fire in a residential house spread to an adjacent dwelling and service station. Damage to the house where the fire originated was \$8,600; the second house incurred approximately \$5,100 in damage; and the service station damage totaled \$1,800. (This incident represents "2" exposure fires.)

Number of Exposure Fire(s)

2

An arson fire involving an apartment building spreads to an adjacent used car lot. Six automobiles were damaged by flames, and in the process of extinguishing the fire, additional damage resulted. The damage to the apartment building was estimated to be \$68,000, and the damage to the automobiles was estimated by the dealership to be \$25,000. (This situation represents "1" exposure fire. Items that are alike and in a group are to be counted as a single-exposure fire.)

Number of Exposure Fire(s)

1

Note: If a house fire ignites an automobile parked at the curb outside of a building, the automobile is an exposure fire. If the automobile is parked in an attached garage, it is not a separate exposure fire but rather a part of the house contents.

ACCUMULATIVE ESTIMATED VALUE OF PROPERTY DAMAGE
DUE TO EXPOSURE FIRE(S) ONLY

Definition: The estimated cost on a replacement in like kind and quality basis for all property damaged as a result of exposure fires only.

Instructions: Insert the overall direct dollar value or the best available cost estimate as a result of exposure fires only. (See section on Estimated Value of Property Damage for guidelines.) Do not include the value shown in the Estimated Value of Property damage for Specific Property Use/Mobile Property Type.

Example: Using the scenario from the "Number of Exposure Fires" example where an arson fire spread to a second house and service station, the accumulative estimated value of property damage due to exposure fires is shown below.

House of Arson Origination	\$ 8,600.00
Second House	
<u>Exposure Fire</u>	5,100.00
Service Station	
<u>Exposure Fire</u>	<u>1,800.00</u>
Total Dollar Value of <u>Exposure</u>	
<u>Fire Damage</u>	<u>6,900.00</u>
Total Dollar Value of Property Damage	\$15,500.00

Accumulative Estimated Value of Property Damage Due to Exposure Fire(s) Only	1 6 9 0 0 .00
---------------------------------------------------------------------------------	-------------------------

UNINHABITED, ABANDONED, OR NOT NORMALLY IN USE

Definition: Property which was uninhabited, abandoned, or not in use at the time of the arson.

Instructions: Indicate the status of the property by checking "yes" or "no."

Examples:

A pile of trash in a boarded up house was ignited by teenage vandals. The house had been vacant for several years.

Uninhabited, Abandoned, or Not Normally in Use?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

While the owners of a townhouse were away for the weekend, their home was damaged when vandals ignited a bag full of trash on the doorstep.

Uninhabited, Abandoned, or Not Normally in Use?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

IGNITION DEVICES

Definition: The chemical, electrical, or other device providing the principal heat source for fire ignition.

Instructions: Check or write in the specific and precise description of the heat energy form that initiated the incendiary fire, if known. If more than one device was used, provide a brief account of the process on the investigative copy, in the narrative statement, or on the reverse side of the national copy of the Arson Incident Report. When more than one ignition device is involved, provide an account of the process to ensure proper coding.

Examples:

A coffee maker was plugged into an electric timer. Gasoline was poured into the coffee maker and the timer was set for 2 a.m.

IGNITION DEVICE(S)	
Open Flame	1 <input type="checkbox"/>
Molotov Cocktail	2 <input type="checkbox"/>
Delay/Timing	3 <input checked="" type="checkbox"/>
Electrical	4 <input checked="" type="checkbox"/>
Explosive	5 <input type="checkbox"/>
Fireworks	6 <input type="checkbox"/>
Chemicals	7 <input type="checkbox"/>
Other (Specify) _____	8 <input type="checkbox"/>

A candle was left burning on a living room carpet which was saturated with a flammable liquid.

IGNITION DEVICE(S)	
Open Flame	1 <input checked="" type="checkbox"/>
Molotov Cocktail	2 <input type="checkbox"/>
Delay/Timing	3 <input type="checkbox"/>
Electrical	4 <input type="checkbox"/>
Explosive	5 <input type="checkbox"/>
Fireworks	6 <input type="checkbox"/>
Chemicals	7 <input type="checkbox"/>
Other (Specify) _____	8 <input type="checkbox"/>

ACCELERANTS

Definition: A combustible liquid, gas, or solid material used in setting an incendiary fire that speeds fire spread and increases intensity to maximize destruction.

Instructions: Check or write all materials that were intentionally used to contribute significantly to the flame extension. If more than one accelerant was used, provide a brief account of the process on the investigative report copy, in the narrative statement provided, or on the reverse side of the national copy of the Arson Incident Report.

Examples:

Newspapers were piled against a wall immediately below a pair of curtains. The curtains were doused with a highly flammable liquid.

ACCELERANT(S)	
Flammable/Combustible Liquid	1 <input checked="" type="checkbox"/>
Natural Gas	2 <input type="checkbox"/>
Available Materials	3 <input type="checkbox"/>
Unknown Liquid	4 <input type="checkbox"/>
Wood/Paper Products	5 <input checked="" type="checkbox"/>
Other (Specify) <u>Curtains</u>	6 <input checked="" type="checkbox"/>

Investigation of a residential house fire reveals that the pilot lights of the gas range, water heater, and furnace were extinguished. An ignition device was connected to the telephone.

ACCELERANT(S)	
Flammable/Combustible Liquid	1 <input type="checkbox"/>
Natural Gas	2 <input checked="" type="checkbox"/>
Available Materials	3 <input type="checkbox"/>
Unknown Liquid	4 <input type="checkbox"/>
Wood/Paper Products	5 <input type="checkbox"/>
Other (Specify) _____	6 <input type="checkbox"/>

INJURIES/DEATHS

Definition: The number of people injured or killed on the fire scene or who later died as a direct result of an arson incident.

Instructions: Enter the number of people injured or killed who were directly involved with the arson incident. If a person subsequently dies of injuries, submit this information on a Supplemental/Amended report.

Examples:

Two residents of a burning house jumped from a second story window. Also, a firefighter is injured while pulling hoses from the fire truck. Arson was determined to be the cause of the fire.

INJURIES/DEATHS		
Total Number of	Injuries	Deaths
Occupant/Resident	2	
Fire Service	1	
Law Enforcement		
Emergency Medical Service		
Perpetrator/Suspect		
Other and Non-Occupant		

One of the hospitalized residents in the above arson incident dies from his injuries. (Submit this information on a Supplemental/Amended report. Mark the "Supplemental/Amended" box on the form's top, fill in all identifying data, and then enter the new totals. It would be helpful if a note were included to indicate the death was previously reported as an injury.)

INJURIES/DEATHS		
Total Number of	Injuries	Deaths
Occupant/Resident		1 *
Fire Service		
Law Enforcement		
Emergency Medical Service		
Perpetrator/Suspect		
Other and Non-Occupant		
* previously reported as injury		

CHAPTER III
OFFENDER DATA

The Offender Data portion of the Arson Incident Report form will capture information relating to the investigation of the arson incident and the arrest and/or disposition of any perpetrator identified in connection with the incident.

OFFENDER DATA	A. Status: Investigation Continuing <input type="checkbox"/> 1 Investigation Inactive <input type="checkbox"/> 2 Investigation Closed <input type="checkbox"/> 3 Cleared by Arrest <input type="checkbox"/> 4 Otherwise/Exceptionally Cleared <input type="checkbox"/> 5 Unfounded <input type="checkbox"/> 6		B. Arrestee(s): Age, Sex, Race, Ethnic Origin (ASREO) Line 1. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____ Line 2. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____ Line 3. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____ Does this arrest clear a previous arson offense(s)? <input type="checkbox"/> Yes Total number cleared _____ <input type="checkbox"/> No				
	C. Multiple Arson Clearance(s) Situations:			Arrestee(s) ASREO (From Part B)			
	Arson	Incident Number	Date of Incident	Line _____	Line _____	Line _____	
	1	_____	_____	_____	_____	_____	
2	_____	_____	_____	_____	_____		
3	_____	_____	_____	_____	_____		
D. DISPOSITION OF ARRESTEE(S) Arson Conviction as Charged Line _____ Convicted of Other Offense Line _____ Acquitted Line _____ Dismissed Line _____ Psychiatric Referral Line _____ Counseled and Released Line _____ Other Disposition (Specify) _____ Line _____ DATE _____/_____/_____		E. SENTENCE Community Service Line _____ Fine Line _____ Incarceration Line _____ Length of Sentence _____ Probation Line _____ Restitution Line _____ Other Sentence (Specify) _____ Line _____ DATE _____/_____/_____		F. SUSPECTED MOTIVATION Vengeance/Malicious Mischief <input type="checkbox"/> 1 Profit/Insurance Fraud <input type="checkbox"/> 2 Revenge/Spite/Jealousy <input type="checkbox"/> 3 Crime Concealment <input type="checkbox"/> 4 Intimidation/Extortion <input type="checkbox"/> 5 Pyromania <input type="checkbox"/> 6 Civil Disturbance <input type="checkbox"/> 7 Other (Specify) _____ <input type="checkbox"/> 8			

A. STATUS

Definition: The current standing of the arson investigation.

Instructions: Indicate by a checkmark the current case status regarding this arson incident. The status designations are defined as follows:

1. Investigation Continuing
 - The case is open and is still under investigation.
2. Investigation Inactive
 - The case is open; however, the investigation is suspended.
3. Investigation Closed
 - The case is closed without being cleared.
4. Cleared by Arrest
 - An incident is "cleared by arrest" when at least one person is:
 - a. arrested;
 - b. charged with the commission of the offense;
and
 - c. turned over to the court for prosecution.

Note: An arrest is considered to have occurred even though no physical detention takes place when a court summons or law enforcement order/notice places the offender in an obligatory status to appear in a judicial proceeding. An arrest is also counted where regulations or policy permit juveniles to be counseled, turned over to parents, referred to a welfare agency, etc., and no physical detention or court action takes place.

5. Otherwise/Exceptionally Cleared

- An incident can be "Otherwise/Exceptionally" cleared when all of the following conditions are met:

1. Investigation has clearly and definitely established the identity of at least one offender.
2. Sufficient probable cause has been developed to support arrest, charging, and prosecution of the offender.
3. The exact location of the offender is known so that an arrest could be made.
4. There is a reason outside fire service/law enforcement control which prevents arrest.

Examples of circumstances allowing exceptional clearances include:

- a. Death of the offender.
- b. Prosecution declined (for reasons other than lack of probable cause).
- c. Extradition denied.
- d. Victim or crucial witness refused to cooperate in prosecution.

6. Unfounded

- If through investigation it is determined that no actual arson occurred nor was attempted, the reported arson or attempted arson can be unfounded. (See instructions for "Deleting an Entire Report," page 34.)

Example: The night of February 4, 1986, a fire occurred at a furrier company. A suspect was apprehended as he emerged from the building carrying fur coats and a gas can.

A. Status:	
Investigation Continuing	1 <input type="checkbox"/>
Investigation Inactive	2 <input type="checkbox"/>
Investigation Closed	3 <input type="checkbox"/>
Cleared by Arrest	4 <input checked="" type="checkbox"/>
Otherwise/Exceptionally Cleared	5 <input type="checkbox"/>
Unfounded	6 <input type="checkbox"/>

B. ARRESTEE(S)

Definition: The person(s) arrested and charged for the arson offense.

Instructions: Using one line for each arrestee, provide the necessary age, sex, race, and ethnic origin (ASREO) data and the dates of arrest. If additional space is needed, include the information on the investigative report, in the narrative statement, or on the reverse side of the national copy of the Arson Incident Report.

Age(s) should be recorded as 01 to 99 years with those aged 100 or older being shown as 99, and younger than 1 year as 01.

Sex of the offender(s) should be recorded as M for male or F for female.

Race designations for arrestee(s) are as follows:

W - White	B - Black
I - American Indian or Alaskan Native	A - Asian or Pacific Islander
	U - Unknown

Ethnic Origin designations for arrestee(s) are as follows:

N - Non-Hispanic H - Hispanic U - Unknown

Date of Arrest

- Enter the month using its numeric designation:

January - 01	May - 05	September - 09
February - 02	June - 06	October - 10
March - 03	July - 07	November - 11
April - 04	August - 08	December - 12

- Enter the day of the month using its numeric designation.

- Enter the year by its last two digits.

Does this arrest clear a previous arson offense(s)?/
Total number cleared

If the arrest(s) clears previous arson offense(s), check the "yes" block and enter the total number of previous offenses cleared in the space provided. If no previous arson is cleared, check the "no" block.

Example: A 25-year-old white, non-Hispanic male was arrested and charged with arson on February 4, 1986, after he was observed running from the scene of a furrier factory fire carrying five sable coats. The suspect's modus operandi is identical to that of a previous uncleared arson in the same jurisdiction on January 17. During the interrogation the arrestee confessed to both arsons.

B. Arrestee(s): Age, Sex, Race, Ethnic Origin (ASREO)									
Line 1. Age	<u>25</u>	Sex	<u>M</u>	Race	<u>W</u>	Ethnic Origin	<u>N</u>	Date of Arrest	<u>02/04/86</u>
Line 2. Age	_____	Sex	_____	Race	_____	Ethnic Origin	_____	Date of Arrest	_____
Line 3. Age	_____	Sex	_____	Race	_____	Ethnic Origin	_____	Date of Arrest	_____
Does this arrest clear a previous arson offense(s)?		<input checked="" type="checkbox"/> Yes	Total number cleared		<u>1</u>	<input type="checkbox"/> No			

C. MULTIPLE CLEARANCE (BY ARREST) SITUATIONS

Definition: The arrest of one or more persons which clears a previous arson offense(s) in the reporting jurisdiction.

Instructions: Insert the incident number(s) and date(s) listed on the initial report(s) previously submitted. Enter from Part B of the Offender Data section, the line number(s) showing ASREO data for the individual(s) responsible for the previous offense(s). If additional space is needed, list the information on the investigative report, in the narrative statement, or on the reverse side of the national copy of the Arson Incident Report.

Example: The arrestee in the last example confessed to the January 17, 1986, arson of a clothing factory. This incident was numbered 003.

C. Multiple Arson Clearance(s) Situations:			Arrestee(s) ASREO (From Part B)
Arson	Incident Number	Date of Incident	
1	<u>003</u>	<u>01/17/86</u>	Line <u>1</u>
2	_____	_____	Line _____
3	_____	_____	Line _____

D. DISPOSITION OF ARRESTEE(S)

Definition: The prosecutorial, judicial, or other governmental action which terminates, provisionally halts, or precludes court proceedings against an arrestee.

Instructions: Match the line number(s) from Part B of the Offender Data section distinguishing the individual arrestee(s) with the relevant disposition(s). If additional space is needed, list the information on the investigative report copy, in the narrative statement, or on the reverse side of the national copy of the Arson Incident Report.

Example: The arrestee in the above example was tried on two counts of arson. On July 1, 1986, he was found guilty of the offenses as charged.

D.	Arrestee(s) ASREO (From Part B)
DISPOSITION OF ARRESTEE(S)	
Arson Conviction as Charged	Line <u>1</u>
Convicted of Other Offense	Line _____
Acquitted	Line _____
Dismissed	Line _____
Psychiatric Referral	Line _____
Counseled and Released	Line _____
Other Disposition (Specify) _____	Line _____
<hr/>	
DATE	<u>07</u> / <u>01</u> / <u>86</u>

Note: If more than one arrestee received disposition on different dates, write the dates next to the appropriate line numbers.

E. SENTENCE

Definition: The court judgment specifying what punishment is to be imposed upon a person convicted of a crime.

Instructions: To indicate the specific judicial sentence, match the line number(s) from Part B of the Offender Data section distinguishing the individual arrestee(s) with the relevant judicial sentence(s) applicable. If additional space is needed, list the information on the investigative report copy, in the narrative statement, or on the reverse side of the national copy of the Arson Incident Report.

Example: The offender was sentenced to 15 years' imprisonment. The date of sentencing was December 10, 1986.

E.	Arrestee(s) ASREO (From Part B)
SENTENCE	
Community Service	Line _____
Fine	Line _____
Incarceration	Line <u>1</u>
Length of Sentence <u>15</u>	_____
Probation	Line _____
Restitution	Line _____
Other Sentence (Specify) _____	Line _____
DATE <u>12</u> / <u>10</u> / <u>86</u>	

Note: If more than one offender is sentenced on different dates, write the appropriate dates next to the relevant line numbers.

F. SUSPECTED MOTIVATION

Definition: The inner stimulus that caused the suspect/perpetrator to attempt to burn, or actually burn, any real or personal property.

Instructions: Check or write the suspected motivation for the arson.

Example: The apparent motivation behind the arson was the concealment of the theft of the fur coats.

F.	
SUSPECTED MOTIVATION	
Vandalism/Malicious Mischief	1 <input type="checkbox"/>
Profit/Insurance Fraud	2 <input type="checkbox"/>
Revenge/Spite/Jealousy	3 <input type="checkbox"/>
Crime Concealment	4 <input checked="" type="checkbox"/>
Intimidation/Extortion	5 <input type="checkbox"/>
Pyromania	6 <input type="checkbox"/>
Civil Disturbance	7 <input type="checkbox"/>
Other (Specify) _____	8 <input type="checkbox"/>

INVESTIGATIVE REPORT/NARRATIVE STATEMENT

As stated on the form, please furnish a copy of the investigative report or a brief narrative statement of the relevant circumstances, if possible. Should a brief narrative statement be furnished, it can be written on the reverse side of the national copy of the Arson Incident Report or on a separate sheet of paper to be submitted with the Report.

REPORTING AGENCY IDENTIFICATION

The remaining two lines on the form request complete information identifying the agency submitting the initial report.

NOTE: To facilitate processing, it is requested that the new U. S. Postal Service expanded nine-digit ZIP Code (if known) be included on all agency submissions.

If possible, furnish a copy of the investigative report or a brief narrative statement of the relevant circumstances.

Prepared by Bob Smith Title Captain Agency Anytown F.D. Date 7/10/86
Telephone Number 123 523-0007 Address 1920 Maple Avenue City/State/Zip Anytown, U.S.A. 21345-0001

The above data are the evaluation and opinion of the investigating personnel based on the best information available at the time this report was prepared.

TO DELETE AN ENTIRE REPORT

To delete a previously submitted report, ensure that the identifying data (FDID/ORI through ACTUAL/ATTEMPTED ARSON) elements are completed exactly as previously submitted. Check the "Unfounded" block under the "A. Status" category of the Offender Data section of the form. Write the word "DELETE" in bold letters across the top of the report.

Example: A report concerning a warehouse fire on 01/26/86 considered to be an arson was submitted in a prior month. A more thorough investigation revealed the cause to be faulty electrical wiring recently completed by an unqualified employee.

DELETE

ARSON INCIDENT REPORT

(For Fires Determined Through Investigation to be Actual or Attempted Arson)

DO-84 (4-4-85)
Form Approved
OMB No. 1110-0013

Pursuant to the Anti-Arson Act of 1982 (Public Law 97-288) the F.B.I. has been designated to collect, compile, and publish nationwide data concerning incidents of arson. Your voluntary cooperation is requested by forwarding this report (as complete as possible) within seven days after the close of the month to the Special Arson Program, Uniform Crime Reports, Federal Bureau of Investigation, Washington, D.C. 20535.

Initial Report Supplemental/Amended Report

Referred to Other Investigating Agency: _____

Agency _____ FDID or ORI _____ Telephone Number _____

Address _____ City/State/Zip _____

OFFENSE DATA	FDID or ORI 00000	Incident No. 2	Mo. 01	Day 26	Year 86	Day of Week Friday	Alarm Time 6 23 45	<input checked="" type="checkbox"/> Actual Arson <input type="checkbox"/> Attempted Arson	
	Specific Property Use	Estimated Value of Property Damage						.00	Area of Fire Origin
	Mobile Property Type	Estimated Value of Property Damage						.00	Previously Classified Suspicious <input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Exposure Fire(s)	Accumulative Estimated Value of Property Damage Due to Exposure Fire(s) Only						.00	Uninhabited, Abandoned, or Not Normally in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IGNITION DEVICE(S) Open Flame <input type="checkbox"/> Molotov Cocktail <input type="checkbox"/> Delay/Timing <input type="checkbox"/> Electrical <input type="checkbox"/> Explosive <input type="checkbox"/> Fireworks <input type="checkbox"/> Chemicals <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	ACCELERANT(S) Flammable/Combustible Liquid <input type="checkbox"/> Natural Gas <input type="checkbox"/> Available Materials <input type="checkbox"/> Unknown Liquid <input type="checkbox"/> Wood/Paper Products <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	INJURIES/DEATHS						

OFFENDER DATA	A. Status: Investigation Continuing <input type="checkbox"/> Investigation Inactive <input type="checkbox"/> Investigation Closed <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Otherwise/Exceptionally Cleared <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/>		B. Arrestee(s): Age, Sex, Race, Ethnic Origin (ASREO) Line 1. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____ Line 2. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____ Line 3. Age _____ Sex _____ Race _____ Ethnic Origin _____ Date of Arrest _____ Does this arrest clear a previous arson offense(s)? <input type="checkbox"/> Yes Total number cleared _____ <input type="checkbox"/> No									
	C. Multiple Arson Clearance(s) Situations: Arson Incident Number Date of Incident Arrestee(s) ASREO (From Part B) 1 _____ _____ Line _____ 2 _____ _____ Line _____ 3 _____ _____ Line _____			D. Arrestee(s) ASREO (From Part B) DISPOSITION OF ARRESTEE(S) Arson Conviction as Charged Line _____ Convicted of Other Offense Line _____ Acquitted Line _____ Dismissed Line _____ Psychiatric Referral Line _____ Counseled and Released Line _____ Other Disposition (Specify) _____ Line _____ DATE _____/_____/_____			E. Arrestee(s) ASREO (From Part B) SENTENCE Community Service Line _____ Fine Line _____ Incarceration Line _____ Length of Sentence _____ Probation Line _____ Restitution Line _____ Other Sentence (Specify) _____ Line _____ DATE _____/_____/_____			F. SUSPECTED MOTIVATION Vandalism/Malicious Mischief <input type="checkbox"/> Profit/Insurance Fraud <input type="checkbox"/> Revenge/Spite/Jealousy <input type="checkbox"/> Crime Concealment <input type="checkbox"/> Intimidation/Extortion <input type="checkbox"/> Pyromania <input type="checkbox"/> Civil Disturbance <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/>		

If possible, furnish a copy of the investigative report or a brief narrative statement of the relevant circumstances.

Prepared by John Waters Title Captain Agency ABC Fire Dept. Date 1/27/86

Telephone Number (111) 555-1000 Address 1010 Market St. City/State/Zip Metropolis, U.S.A. 02222-0011

The above data are the evaluation and opinion of the investigating personnel based on the best information available at the time this report was prepared.

NATIONAL COPY

CHAPTER IV
SUPPLY REQUESTS

Standard supply mailings will be made to all arson data contributors on a periodic basis. However, should additional forms, mailing supplies, etc., be needed, they can be ordered by writing the FBI directly at the following address:

Special Programs Unit - Arson
Uniform Crime Reporting Section
Federal Bureau of Investigation
Washington, D. C. 20535

All supplies are available without cost to fire service or law enforcement agencies. The only restrictions on supply orders are that requests be limited to reasonable amounts and that the material be used in conjunction with the agency's function. Among the items that may be requested are:

Arson Incident Forms (DO-84)
Arson Incident Reporting Handbooks
Pre-addressed Postage Paid Return Envelopes
Pre-addressed Postage Paid Return Labels

BIBLIOGRAPHY

In preparing the Handbook as well as developing the reporting form itself, the UCR staff consulted members of the fire service, law enforcement, and insurance communities and reviewed a variety of their records and reporting forms. Additionally, research involved use of the following as major source documents:

Uniform Coding for Fire Protection. Quincy, Ma.: National Fire Protection Association, Inc., 1981.

U. S. Department of Commerce, National Bureau of Standards. Fire Investigation Handbook. Washington, D. C.: Government Printing Office, 1980.

U. S. Department of Commerce, National Fire Prevention and Control Administration. National Fire Incident Reporting System Handbook. Washington, D. C.: Government Printing Office, 1977.

U. S. Department of Justice, Bureau of Justice Statistics. Dictionary of Criminal Justice Data Terminology. 2nd ed. Washington, D. C.: Government Printing Office, 1981.

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