

Appendix 1

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FIRE CAUSE DETERMINATION REPORT - PART I

FIRE NAME _____ DATE _____ FIELD OFFICE _____ FIRE # _____

LAND STATUS AT ORIGIN: BLM OTHER PUBLIC STATE PRIVATE

LOCATION: T ___ R ___ S ___ DESCRIPTIVE LANDMARK: _____

INVESTIGATED BY: BLM ONLY JOINTLY WITH: _____

LEAD INVESTIGATOR _____ SKETCHER(S) _____

ORIGIN SPECIALIST _____ SCRIBE(S) _____

PHOTOGRAPHER(S) _____ EVIDENCE COLLECTOR(S) _____

AREA SEARCHER(S) _____ INTERVIEWER(S) _____

ORIGIN EVENT SEQUENCE: DATE TIME

ESTIMATED TIME OF ORIGIN _____ BY _____

REPORTED _____ BY _____ TO _____

FIRST-IN UNIT, ARRIVED _____ UNIT _____

ORIGIN PROTECTED, BEGINNING _____ BY _____

SEARCH, BEGINNING _____ BY _____

ORIGIN RELEASED _____ BY _____ TO _____

ORIGIN DETERMINATION: SIZE OF AREA SEARCHED _____ X _____

ORIGIN DETERMINED BY: BURN PATTERN WITNESS OTHER NOT FOUND

PERIMETER SEARCH DONE: YES NO

SEARCH METHOD: VISUAL GRIDDED GLASSED MAGNET SIFTED

EVIDENCE PHOTOGRAPHED: YES NO EVIDENCE RECOVERED: YES NO

DESCRIPTION: _____

CRIME LAB ANALYSIS REQUIRED: YES NO STATEMENTS TAKEN: YES NO

SPECIFIC CAUSE DETERMINATION: ENTER [X] IF POSSIBLE CAUSE, [O] IF ELIMINATED STATE REASON FOR ELIMINATION

LIGHTNING _____ RAILROAD _____

EQUIPMENT USE _____ ARSON _____

SMOKING _____ CHILDREN _____

CAMPFIRE _____ MISCELLANEOUS _____

DEBRIS BURNING _____ FIREWORKS _____

POWER LINE _____

FINAL DETERMINATION RESULT OF: PHYSICAL EVIDENCE WITNESS STATEMENT

ADMISSION OF GUILT LOGICAL DEDUCTION CAUSE UNKNOWN

WEATHER TAKEN @ _____ DATE _____

DRY BULB WET BULB RH WD WS TIME [/ /]

[] [] [] [] [] [] [/ /]

Appendix 1

FIRE CAUSE DETERMINATION REPORT - PART II

FIRE NAME _____ DATE: _____ FIRE # _____

INVESTIGATOR _____

LOCATION T ____ R ____ S ____ LANDMARK _____

TOTAL COST TO GOVERNMENT \$ _____

CIRCLE OR FILL IN THE CORRECT BLOCK

DAY OF WEEK: SUN MON TUE WED THUR FRI SAT

TYPE OF FIRE: STRUCTURE WILDLAND

EST. IGNITION TIME: 0001-0800 0801-1800 1801-2400

FUEL TYPE: (GENERAL) LT SLASH MED SLASH HVY SLASH NATURAL OTHER

FUEL TYPE: (ORIGIN) LOG STUMP GRASS PINE NEEDLES BRUSH OTHER

EXPOSURE: FLAT NORTH SOUTH EAST WEST

TOPOGRAPHY: FLAT 0-20% 20% +

LAND OWNERSHIP: BLM OTHER PUBLIC PRIVATE

DISTANCE FROM HWY: 0-1 MI 1-3 MI 3+ MI

DISTANCE FROM ROAD: 0.10 FT 10-50 FT. 50-200 FT. 200+ FT.

FIRE IGNITION SOURCE: DELAYED SET HOT SET NOT FOUND

NUMBER OF SETS: SINGLE MULTIPLE ENTER # _____

EVIDENCE FOUND: DEVICE DESCRIPTION _____

SUSPECTS: NAME _____ ALIAS _____ ADDRESS _____

SUSPECT VEHICLES: LICENSE # _____ STATE: _____ MAKE: _____ MODEL: _____ COLOR: _____ REMARKS: _____

INVESTIGATOR'S REMARKS: _____

Appendix 1

FIRE CAUSE DETERMINATION REPORT - PART III

FIRE ORIGIN SKETCH

NAME OF FIRE: _____ DATE: _____ SO FIRE # _____

LEGEND	RECOMMENDATIONS
ARROW INDICATES NORTH: SCALE: _____	<input type="checkbox"/> CASE COMPLETED, NO FUTURE ACTION <input type="checkbox"/> CONTINUE INVESTIGATION <input type="checkbox"/> CASE REPORT TO FOLLOW
	REMARKS: _____
X - point of origin _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	REPORT PREPARED BY: _____
_____	REVIEWED BY: _____ DFMO
_____	REVIEWED BY: _____ DR

Appendix 1

FIRE CAUSE DETERMINATION REPORT - PART IV

FIRE PHOTOGRAPH LOG

NUMBER	DATE
CASE DESCRIPTION	
CAMERA TYPE	LENS
FILM	ASA

PHOTO #	SUBJECT	F - STOP	S/S	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

PHOTOGRAPHS TAKEN BY: _____

DATE _____

Appendix 2

Demand Letter Process

The collection process is begun with the issuing of the Bill for Collection. (See Illustration 10.) The Bill for Collection states that interest will be assessed if payment is not made within 30 days of receipt of the date of the original bill. Further, an administrative charge of \$5 will be added to each follow-up billing (Demand Letter) necessitated by failure to pay on time. Upon receipt, the trespasser has 30 days to either pay in full, negotiate a settlement of less than full payment, or appeal. If payment in full is not received, or settlement not achieved within the time allowed, and no appeal has been filed, the Demand Letter Process is started.

The first Demand Letter is sent on day 31. (See an example of the demand letter on the next page.) The trespasser has 15 days from date of Demand Letter No. 1 to pay the total amount due as listed in the letter (original amount plus penalties and interest). If no response is received within the time allowed, Demand Letter No. 2 is prepared and sent on the 16th day.

If settlement is not received within 15 days of the date on Letter No. 2, Demand Letter No. 3 is sent. The trespasser has 30 days from the date on Letter No. 3 to settle for the amount stated in this letter.

If the trespasser does not respond to Demand Letter No. 3, the case file is referred to the State Director (SD). At this time, the SD must decide whether to refer the case to the Field Solicitor for civil action or to the National Business Center for referral to the Department of Treasury for collection action. An administrative penalty of six percent per year will be assessed for failure to pay any portion of the debt that is more than 90 days past due.

Appendix 2

Demand Letter No. 1

Field Office Letterhead
Field Office Name
Field Office Address

In Reply Refer to:
9238 (*trespass #*)

Date

CERTIFIED MAIL # *xx-xx-xx-xx-xx*
RETURN RECEIPT REQUESTED

Mr./Ms. Trespasser
Street Address
City, State, Zip Code

Dear Trespasser:

Payment has not been received on our Bill for Collection No. *XXXXXXXXXX* in the amount of \$*x,xxx.xx*. This bill, issued for trespass for fire *XIII*, has now become delinquent.

As indicated in our original bill, additional charges have been incurred due to your failure to pay on time. The amount of indebtedness as of *today's date* is as follows:

Principal	\$ <i>x,xxx.xx</i>
Interest at 5% per year	<i>xx.xx</i>
Administrative Handling Charge	<u>5.00</u>
 Total Now Due	 \$ <i>x,xxx.xx</i>

Payment may be made by money order, check or credit card. To pay by phone, contact *local collection person* at *phone number*. If you have any questions concerning this bill, please contact *person's name* at *phone number*.

Sincerely,

Manager Name
Manager Title

Enclosure: Notice of Actions in Event of Delinquency

Attachment 3, page 6

Appendix 3

List of State Office Organization Codes for Deposit

(Offices for State Collections in 5320/5310 for Fire Trespass and 2841/2842 Collections for Fire Protection Assistance)

AK310
AZ930
CA940
CO950
ES020
ID930
MT920
NM930
NV913
OR930
UT940
WY950
FA400 (for Protection Assistance 2841/2842 collections made at the National level)