



WINCHESTER FIRE AND RESCUE DEPARTMENT

OFFICE OF THE FIRE MARSHAL

231 E. Piccadilly St., Suite 330

Winchester, VA 22601

(540) 662-2298



JUVENILE FIRESETTER INCIDENT REFERRAL FORM

INCIDENT INFORMATION

Incident Number: _____ Incident Date: [Click here to enter a date.](#)

Referring Officer/Firefighter Name: _____

Incident Address: _____

Where did the incident/fire occur (specific area)? _____

Items Ignited: _____

Source of Ignition: Matches Lighter Fireworks Other
(please explain): _____

JUVENILE INFORMATION

Name: _____ Gender: _____ Age: _____

Address: _____ City: _____ County: _____

School: _____ Grade: _____

Mother/Guardian: _____ Work Phone: _____ Home Phone: _____

Father/Guardian: _____ Work Phone: _____ Home Phone: _____

Others Involved in Incident: Yes No Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

SMOKE ALARM

Were Smoke Alarms Present? Yes No If no, explain: _____

When appropriate, test all smoke detectors and provide a new detector/battery.

Appropriate Not Appropriate

ACCESS TO IGNITION DEVICES

If matches and lighters are assessable to children, please ask parent/caregivers to remove them immediately. Explain the Juvenile Firesetter Intervention program and that the parent/guardian can expect a call from the Fire Marshal to extend these services and explain the intervention program in greater detail.

Comments: