



Oregon Fire Bridge™ Juvenile with Fire Report

Incident Information

JFSI Number: _____ Case Number: _____
Fire Department Name: _____ FDID: _____ Contact Person: _____
Report Date: _____ Report Authorization: _____
Address: _____ City: _____ Zip: _____ County: _____
Fire Department Response: _____ (if no skip to Subject Information)
Incident Date/Time: _____ Alarm Number: _____ (if the fire was reported)
Incident Location: _____
Ignition Source: _____
Where was the ignition source obtained: _____
Item First Ignited: _____
Was Accelerant Used: _____ What Accelerant: _____

Subject Information

Juvenile #1

DOB: _____ Age: _____ Gender: _____

Race: _____

Ethnicity: _____

Number of Previous Fires Set: _____

Referral Source: _____

Other (describe): _____

Family Type: _____

Intervention & Disposition of Person Under 18:
(Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____

Parent Screening Tool Interview Score: _____

Youth Screening Tool Interview Score: _____

Juvenile #2

DOB: _____ Age: _____ Gender: _____

Race: _____

Ethnicity: _____

Number of Previous Fires Set: _____

Referral Source: _____

Other (describe): _____

Family Type: _____

Intervention & Disposition of Person Under 18:
(Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____

Parent Screening Tool Interview Score: _____

Youth Screening Tool Interview Score: _____

Subject Information (continued)

Juvenile #3

DOB: _____ Age: _____ Gender: _____

Race: _____

Ethnicity: _____

Number of Previous Fires Set: _____

Referral Source: _____

Other (describe): _____

Family Type: _____

Intervention & Disposition of Person Under 18:
(Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____

Parent Screening Tool Interview Score: _____

Youth Screening Tool Interview Score: _____

Juvenile #4

DOB: _____ Age: _____ Gender: _____

Race: _____

Ethnicity: _____

Number of Previous Fires Set: _____

Referral Source: _____

Other (describe): _____

Family Type: _____

Intervention & Disposition of Person Under 18:
(Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____

Parent Screening Tool Interview Score: _____

Youth Screening Tool Interview Score: _____

Notes/Remarks:

Mail to:
Office of State Fire Marshal
Attn: Youth Fire Prevention & Intervention
4760 Portland Road NE
Salem, Oregon 97305-1760

