

OFC USE ONLY

Incident Number:

Investigation File Number:

Part I

Reporting Agency File Number:

FIRE REPORT



Date of Fire	Year	Month	Day	Day of Week	Statutory Holiday <input type="checkbox"/> Yes <input type="checkbox"/> No	Time
Location of Fire	Number	Street or Sec-Twn-Rng			City, Town, RM or LGD	
Occupant	Surname	Given Name(s)			Address	Insured Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner	Surname	Given Name(s)			Address	Insured Yes <input type="checkbox"/> No <input type="checkbox"/>
Buildings	Property Value	Estimate of Loss	Claim Paid	Claims Adjuster:		
				Firm:		
Contents				Insurance Co.:		
Miscellaneous				Police Involved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total				Police Force & Location:		

Part II

Property Complex (11)		Building Height (55)		Year of Construction (59)		Sprinkler Operation (63)	
Property Classification (15)		Ground Floor Area (56)		Date of Last Inspection (60)		Automatic Fire Detection Systems (64)	
Property Type (53)		Number of Occupants (57)		Manual Fire Protection Facilities (61)		Smoke Alarm Operation (65)	
General Construction (54)		Value at Risk (58)		Sprinkler Protection (62)		Outside Fire Protection (66)	

Part III

Fire Service (67)		Method of Fire Control (72)		Ignition Object (89)		Extent of Damage (115)	
Initial Detection (68)		Level of Origin (74)		Fuel or Energy (100)		Flame Spread Interior	
Transmission of Alarm to Fire Dept. (69)		Area of Origin (75)		Form of Heat (101)		Flame Spread Vertical	
Response Time of First Vehicle (70)		Occupant of Area of Origin (85)		Material First Ignited (102)		Flame Spread Horizontal (118)	
Action Taken (71)		Act or Omission (86)		Extent of Fire (114)		Smoke Spread Avenue	

Casualty Info (120)	Men	Women	Children	Total
Death				
Injury				

Motor Vehicle <input type="checkbox"/>	Boat <input type="checkbox"/>	Aircraft <input type="checkbox"/>
Make / Model / Year/ License No:		

Number of Persons Evacuated Prior to Arrival of Fire Dept.: (120)		Number of Persons Evacuated by Fire Dept.: (120)	
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Remarks (120) - Explain the circumstances of the fire -			
Municipal Code		Mutual Aid Code (121)	Fire Department/Company

Print Name of Reporting Person

Date

Signature

Telephone Number