



STRUCTURE FIRE REPORT

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX	
DELETE	UPDATE
RELATED TO WILDLAND/URBAN INTERFACE	

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY, PROVINCE, POSTAL CODE)
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THE FOLLOWING SECTION REFERS TO SELECTED STATUS: (COMPLETE "ADDITIONAL NAMES" FIRE REPORT IF MORE PEOPLE ARE INVOLVED)

OWNER BUS OWN. WITNESS	LAST NAME	FIRST NAME
OCCUPANT BUS OCC.		
CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)	COMPANY NAME	
ADDRESS (SUITE, NUMBER, STREET, CITY AND PROVINCE)		POSTAL CODE
		TELEPHONE (xxx) xxx-xxxx
PROPERTY LOSS	CONTENTS LOSS	TOTAL LOSS TO NEAREST DOLLAR
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.
INSURANCE COMPANY NAME	POLICY NO.	

PROPERTY COMPLEX - PC	PROPERTY CLASSIFICATION - PR	GENERAL CONSTRUCTION - GC	BUILDING HEIGHT - BH
GROUND FLOOR AREA - GF	YEAR OF CONSTRUCTION - YC	MANUAL FIRE PROTECTION - MF	OUTSIDE FIRE PROTECTION - OF
SPRINKLER PROTECTION - SP	AUTOMATIC FIRE ALARM SYSTEM - AD	SMOKE ALARM OPERATION - SD	INITIAL DETECTION - ID
TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS	INCIDENT - IN	ACTION TAKEN - AC
METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, LEVEL - LV	FIRE ORIGIN, AREA - OA	EXTENT OF FIRE - XF
EXTENT OF DAMAGE - XD	IGNITING OBJECT - IG	FUEL OR ENERGY - FU	FORM OF HEAT - FH
MATERIAL FIRST IGNITED - MI	ACT OR OMISSION - AO	NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES
			TOTAL FATALITIES

THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE: (COMPLETE PRODUCT/EQUIPMENT FIRE REPORT IF MORE DETAILS ARE TO BE PROVIDED)

ITEM TYPE	MAKE	MODEL	YEAR	SERIAL NO.
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PROPERTY VALUE AT RISK (FOR INCIDENT)	CONTENTS VALUE AT RISK (FOR INCIDENT)	TOTAL VALUE AT RISK (FOR INCIDENT)
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REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

NAME OF INVESTIGATOR (PLEASE PRINT)	L AFC BADGE NUMBER	TELEPHONE (xxx) xxx-xxxx	REPORT DATE (YYYY/MM/DD)
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