



# VEHICLE FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER  
 PO Box 9201 Stn. Prov. Govt.  
 Victoria BC V8W 9J1  
 TEL (250) 952-4913 FAX (250) 952-4888

LOCATION		INCIDENT NUMBER				
		YEAR	MONTH	DAY	HOUR	OCC

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX	
<input type="checkbox"/> DELETE	<input type="checkbox"/> UPDATE
<input type="checkbox"/> RELATED TO WILDLAND/URBAN INTERFACE	

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY)	POSTAL CODE
---	-------------

**THE FOLLOWING SECTION REFERS TO SELECTED STATUS:**

<input type="checkbox"/> OWNER	<input type="checkbox"/> BUSINESS OWNER	SURNAME	GIVEN NAME(S)
<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> BUSINESS OCCUPANT		
BUSINESS NAME			
ADDRESS		POSTAL CODE	TELEPHONE ( )
PROPERTY LOSS	CONTENTS LOSS	TOTAL LOSS TO NEAREST DOLLAR	
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	
INSURANCE COMPANY NAME		POLICY NO.	

PROPERTY CLASSIFICATION - PR	MANUAL FIRE PROTECTION - MF	TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS
INCIDENT - IN	ACTION TAKEN - AC	METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, AREA - OA
EXTENT OF FIRE - XF	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:**

ITEM TYPE	MAKE	MODEL	YEAR	SERIAL NO.
-----------	------	-------	------	------------

PROPERTY VALUE AT RISK (FOR INCIDENT)	CONTENTS VALUE AT RISK (FOR INCIDENT)	TOTAL VALUE AT RISK (FOR INCIDENT)
---------------------------------------	---------------------------------------	------------------------------------

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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