PERSON FIRE REPORT

A Person Fire Report is to be completed when the fire occurs only to a person where no property damage has occurred except to the individual. E.g. A Bic lighter explodes in a pocket on the person or someone is doused in gasoline and then fire ensues.

Should other properties be damaged from this fire incident, the applicable fire report(s) are to be completed. E.g. A person on fire runs into dwelling and damages structure, this incident would no longer be a Person Fire Report, but would become a Structure Fire Report.

The following instructions are for completing the applicable forms when a person fire incident occurs.

This symbol represents fields that are required to be completed when submitting a Person Fire Report.

INCIDENT NUMBER

INCIDENT NUMBER														
LOCATION	YEAR	MONTH	DAY	HOUR	OCC									

A fire *Incident Number* is a combination of six data items:

♦ Location Code	This refers to the three letter code that applies to the area of jurisdiction where the fire occurred. E.g. "CVA" represents Vancouver. If the location code is not known, refer to the Location Code Directory section.
♦ Year	Enter the four digit year in which the fire incident occurred. E.g. 2004 would be entered as "2004".
♦ Month	Enter the two digit month in which the fire incident occurred. E.g. January would be entered as "01".
♦ Day	Enter the day of month in which the fire incident occurred. E.g. 12 th day of the month would be entered as "12".
♦ Hour	Enter the time of day in which the fire incident occurred using the hour ONLY of the 24-hour clock. E.g. 23:04 hrs would be entered as "23".
♦ Occurrence	Enter the order of occurrence in which they occur within the same hour of day using two digits starting with "01". E.g. Three fire incidents occur within the same hour but at separate locations within the area of jurisdiction. The three incident reports will be sequential using the same location code, year, month, day, hour with the occurrence numbers being "01", "02" and "03". Note: This field also represents exposure fires that occur to separate,
	Note: This field diso represents exposure fires that occur to separate,

detached properties.

REPORT TYPE

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX

When changes are required to a previously submitted fire report, check the appropriate box. Enter the original Incident Number that requires changes and only the data in the fields that are to be updated. To make corrections to an Incident Number of a previously submitted report, the record for that incident must first be deleted. Indicate in the remarks section what the new incident number should be.

RELATED TO WILDLAND/URBAN INTERFACE FIRE

RELATED TO WILDLAND/URBAN INTERFACE

This field is strictly an indicator as to whether or not the fire incident was either caused by or caused a wildland interface fire. If yes, check the indicator box or if no, leave blank.

LOCATION OF FIRE INCIDENT

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY)	POSTAL	COD	DE		
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• Enter the complete address where the fire incident occurred including the street number, street name, city and postal code. Enter the suite or apartment number if applicable.

If there is no specific address where the fire incident occurs, enter the street name along with a descriptor that would indicate the approximate location.

LOSS INFORMATION

OWNER BUSINESS OWNER		SUR	NAME											G	VEN	I NAN	ME(S)											
OCCUPANT BUSINESS OCCUPANT	1	1	1	1	i i	1	I	1	1	1	1	1	1			1	ı.	ı I	ı.	1	1	Т	Т	Т	Т	1	Т	1
BUSINESS NAME																												
ADDRESS																P	OSTA	LCC	DE			Т	TELE	PHO	NE			
																	ı.	ı I	ı.	1	Т		()				
PROPERTY LOSS				CON	ENTS	LOS	S									Т	OTAL	LOS	S TC) NE	ARES	ΤD	OLLA	R				
																			1		I I	Т	1		1	1		I I
CLAIMS ADJUSTER NAME				FIRM												С	LAIM	NO.										
INSURANCE COMPANY NAME																P	OLIC	Y NO										

This section of the report indicates a loss pertaining to the individual. The loss information does not refer to the loss for the entire incident unless the entire loss is associated with one name.

- ♦ Status Indicate the status of the individual at the time of the fire. Check off one box only.
- Name Enter the name of the individual which sustained the dollar loss.

Address Enter the address of the individual including postal code and telephone number.

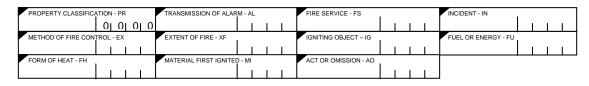
Dollar	Enter the loss estimate for individual as sustained by fire. Amounts should be in
Loss	whole dollars; do not include cents.

Insurance Enter Claims Adjuster Name and Firm along with Claim No.

Information Enter Insurance Company Name and Policy No.

Note: The Insurance Information is not mandatory but should be included if data can be obtained.

FIRE REPORTING CODES



• Enter fields shown above with applicable coding. The data for each field can be found in the Code Structure section of the manual.

Property Classification – PR has been hardcoded as there is only one applicable code for this category.

NUMBER OF OCCUPANTS (at time of fire)

NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES	TOTAL FATALITIES
0001		

Number of Occupants refers to the individual which sustained the loss. This is hardcoded as 0001.

TOTAL INJURIES AND FATALITIES

• Enter the total number of either injuries and/or fatalities sustained from the fire incident. The numbers entered in these fields should match the number of Casualty Reports submitted for the same fire incident.

PRODUCT/EQUIPMENT INFORMATION

ITEM TYPE	MAKE	MODEL	YEAR	SERIAL NO.

Enter the Item Type (sample list below) along with Make, Model, Year and Serial No. of the product or equipment that related directly to the source of ignition.

If product not identified, listing may be amended as required.

AC adapter power supply	Heater, ceramic
Automobile	Heater, gas fired baseboard
Battery charger	Heater, oil filled electric

- Bicycle Bread maker Butane lighter Butane refill cylinder Candles Candles, liquid paraffin bottle Coffee maker Coffee roaster Crystallite liquid wax Dryer, clothes Dryer, gas Firelog, Duraflame Firelog, Northland Glade air freshener
- Heating pad, electric Hot & cold health bags Musical Christmas card Pellet stove Pellet wood stove Power bar 6 outlets Smoke alarm Solvent recycle system Television Transformer – model train Travel trailer Turbo in-line bilge blower Watercraft

PROPERTY VALUE AT RISK

PROPERTY VALUE AT RISK (FOR INCIDENT) CONTENTS VALUE AT RISK (FOR INCIDENT) TOTAL V	VALUE AT R	RISK (F	OR IN	CIDEN'	T)	
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These fields have been hardcoded as 0000 for Person Fire Report.

REMARKS

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

Enter a brief statement that describes the events or actions which led to or precipitated ignition. If additional space is required use a blank sheet of paper and attach it to the Fire Report.

REPORTER INFORMATION

NAME OF INVESTIGATOR (PLEASE PRINT)	LAFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD) / /
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• The information entered should be that of the person who completed the investigation including name, LAFC badge number (if applicable), telephone and datethat the report is completed.



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

PERSON **FIRE REPORT**

		NCIDENT NU	MBER								
LOCATION	YEAR	MONTH	DAY	HOUR	OCC						
TO CHANO	GE A PREVIO	US REPORT,	MARK APPF	ROPRIATE B	XC						
	DELET	E C	UPDATE								
RELATED TO WILDLAND/URBAN INTERFACE											

POSTAL CODE

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY)

THE FOLLOWING SECTION REFERS TO SELECTED STATUS:

	1													
OWNER BUSINESS OWNER	SURNAME				GIVE	EN NAM	1E(S)							
				1 1 1		1	1	1 1	I	1		1	1	1 1
BUSINESS NAME														
ADDRESS						POST	FAL CO	DE		TE	EPHO	١E		
										()			
PROPERTY LOSS		CONTENTS LO	OSS			TOTA	AL LOS	S TO N	EARES	T DOL	AR			
CLAIMS ADJUSTER NAME		FIRM				CLAI	M NO.							
INSURANCE COMPANY NAME						POLI	CY NO							

PROPERTY CLASSIFICATION - PR				TRANSMISSION OF ALAR	FIRE SERVICE - FS					INCIDENT - IN									
	010)	0	0															1
METHOD OF FIRE CONT	ROL - E	Х			EXTENT OF FIRE - XF					IGNITING OBJECT – IG					FUEL OR ENERGY - FU				
							1		I				1						L
FORM OF HEAT - FH					MATERIAL FIRST IGNITE) - M	1			ACT OR OMISSION - AO									
													1	1					

NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES	TOTAL FATALITIES
0 0 0 1		

THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE:

ITEM TYPE				MA	KE N	10DE	EL			YEAR	SERIAL NO	Э.	
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)	LAFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE	REPORT DATE (YYYY/MM/DD)	1
		<u>\</u>		