



PERSON FIRE REPORT

INCIDENT NUMBER table with columns: 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) POSTAL CODE

THE FOLLOWING SECTION REFERS TO SELECTED STATUS:

Form with checkboxes for OWNER, BUSINESS OWNER, OCCUPANT, BUSINESS OCCUPANT. Fields for SURNAME, GIVEN NAME(S), 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 (0000), TRANSMISSION OF ALARM - AL, FIRE SERVICE - FS, INCIDENT - IN, METHOD OF FIRE CONTROL - EX, 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) 0001, 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) 0000, CONTENTS VALUE AT RISK (FOR INCIDENT) 0000, TOTAL VALUE AT RISK (FOR INCIDENT) 0000

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

NAME OF INVESTIGATOR (PLEASE PRINT), LAFB BADGE NUMBER (IF APPLICABLE), TELEPHONE, REPORT DATE (YYYY/MM/DD)